MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH				tion: Residence before edmission)						
Baltimore	MARYLAND	. STATE Maryland	b. COUNTY	3 / 01-7						
b. CITY OR TOWN (if outside corporate limits, writa RURAL end giva neerast town)	LENGTH OF STAY IN 16		de corporate limits, writa RURA	AL and give nearest town)						
Fort Howard	8 Days	Baltimore	6							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,		d. STREET ADDRESS		. IS RESIDENCE						
Veterans Administration Hos	pital	3617	Glenmore Avenu	e ON A FARM?						
3. NAME OF ROBERT	F. ALL		ATE Month	Day Yaer						
(Type or print) (Served ROBERT	F. ALLE		EATH August	23 1961						
F CEV II COLOR OF PLANT		DATE OF BIRTH	9. AGE (In years IF Uh	DER 1 YEAR IF UNDER 24 HRS.						
Male White WIDOWED	DIVORCED J	me 5, 1894	birthday) Mon	ths Deys Hours Min.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	tate, or foreign country)	2. CITIZEN OF WHAT COUNTRY?						
	igerators	Baltimore, M	arvland	U. S. A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
Henry Allers		Louisa Myers								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (Ifyesgive werordetes of service)	IAL SECURITY NO. 17	inical Records,	VAH Beltimore	bralves 81 e						
	-05-4937		Fort Howard D							
18. CAUSE OF DEATH Entar only one ceusa per line to	or (a), (b), and (c).]		FOLC HOWATE D	INTERVAL BETWEEN						
PART I, DEATH WAS CAUSED BY: ONSE! AND DEATH SYEARS ONSE! AND DEATH 3 YEARS										
1 A Comment of the Co	International Control of the Control									
A market to a	DUE TO CEREBRAL ARTERIOSCIEROSIS									
nave rise to immediate cause										
(a), stating the undarlying DUE TO CORONA	PULL TO CODONARY AND COMPDATIVED ADDIEDTOCOT PROCES OF									
cause last. (c) UICERA	TED RT.ANKLE	DUE TO THROMBO	DOLLARS DESCRIPTION OF THE PERSON OF THE PER	rtion RECENT						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NO	RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?						
TERMINAL BRONC	HOPNEUMONIA			YES NO						
200. ACCIDENT WAS UNDERLYING 206. DESCRIB		(Enter netura of injury in Part I o	or Part II of item 1B.)							
OR CONTRIBUTING CAUSE OF DEATH										
ZOG, TIME OF INJURY Month, Day, Year 20d. INJURY	RY OCCURRED 20e. PLAC	E OF INJURY (Home, ferm, 20	f. (Cily or town)	(County) (Slele)						
d Hour e.m. While	Not While facto	ry, street, office bldg., etc.)								
	et work			7-						
21. I certify that () (this hospital) attended	the deceased from	August 56.3001	loAugust23.	, 19.61, that (K (we) last						
saw the deceased alive on August 23	19. 6.1 , and that	death occured at.AM	, from the causes and	on the date stated above.						
22a. SIGNATURE		ATTENDING MED.	STAFF	22b. DATE SIGNED						
selvin Pains	le A M.	DINE DIRECT		8/23/61_						
22. PHYSICIAN'S	4.0	22d. ADDRESS		-1-01-02						
NAM SEBASTIAN RUSSO, M.D.		VAH. BALTITMO	RE 18 MARYLA	ND, FT. HOWARD DIV						
	c. NAME OF CEMETERY C		LOCATION (City, town or							
REMOVAL (Specify)		tional Cemetery		Maryland						
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256. REGISTR							
/Im Cook Blight The 6000 Her	rford Pd Po3	to.14. DATIAUG 2	8 '61	4 1 4						
/Wm.Cook-Blight, Inc. 6009 Hax	TOTA DATA	Md.	Chillen	1. Hune						
		T.Tr. 0								

THE THE

**

ment by

iā

End Claudica

district beatermile Prot on - Lowingard modernmental Linds and open

Complete Com

Told (with 1 told to the state of the state

international printer the contract of the cont

Louis Hear

Column to the contract of the contract of the column to th

ENAME AND ADDRESS OF THE CONTROL HARD BEING BOOK OF THE CONTROL OF

CIBOREL ARIGHADORI CHARLES DECEMBER OF THE STREET

THE SELECTION OF THE CO DESCRIPTION OF THE PERSON OF THE P

- Automorphistory District

a le la taugar o roug, è regent

4.5

an month of her

JULY CROWN HATTERED, M.D.

. HE DAINE . W. GLAMMER . B.Y.

Market 1-22-2/ Ergittevre Norland Campter Helelmone

Attention of the Contraction of the Attention of the Contraction of th

CERTIFICATE OF DEATH wilh 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institutions Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Catonsvill Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Summit Nursing Home. 7720 Pratt St. W. NAME OF DECEASED 4. DATE First Middle Month OF DEATH CALVERT (Type ar print) ARRINGDALE. August 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 30.1884 Male WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Retired Marine Guard 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore Arringdale Katherine Dorritee. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line fort(a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d INTURY OCCURRED Doy, Year Not white factory, street, office bldg., etc.) Hour o.m. While of work at work 21. I certify that I attended the-degeosed from and that death occurred at M from the causes and on the date stated above. alive on_ ACTUAL PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 8-78-67 O'Donnell Carmel Cemetery ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE ON A FARM?

YES NO

Yeor

19

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

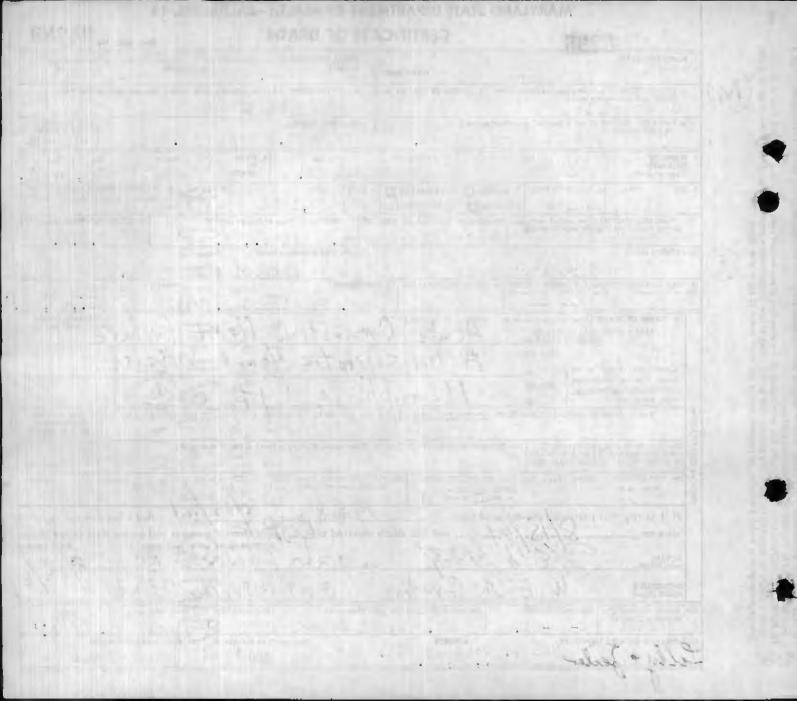
> > (Stote)

Doys

(County)

Cuthur & Kraus

__that l'last saw the deceased



pleter, filled in by the funeral appers. Pages I and 2 should 72 hours after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after отріете TO HOSTEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected death.

S > TO FUNERAL DIRECTOR: At this certificate has been signed by the attending physician at the company of director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon place be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

	DIVISION OF STATISTICA		AND STATE DEP CH AND RECORDS, CERTIFICATE	301 W. PRESTO	N STREET, B	ALTIMORE		AND 1879	0
1.	PLACE OF DEATH COUNTY Baltimore		MARYLAND	- STATE	Aaryland	h COUNT	stitution: Residen	ce before e	dmission)
	b. CITY OR TOWN (if outside corporeta write RURAL and give nearest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTIO		c. LENGTH OF STAY IN 16 3yrlimth26dys pital, give street address)		N (If outside corpor Ville, M		RURAL and give	e. IS RE	SIDENCE
	SPRING GROVE STA	ATE HO.	PITAL	Beac	on Light	Road		YES T	NO NO
3.	(Type or print) Char.		Middle B	Ashton	4. DATE OF DEATH	Month Augu	st 18	Yeer 19	61
5.	male white	ACE 7. MARRIE		Sept. 28,	1887	1	Months Deys	IF UNDER Hours	24 HRS.
10	Da. USUAL OCCUPATION (Give kind of v	work 10b. K	IND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (C.	ounty & State, or fo	reign country)	12. CITIZEN C	F WHAT C	OUNTRY

DECRASE Type or print Charles B Ashton DEATH August 18 19 61	SPILING (TIMIC SIMI	e undertive		Deac	on rithu	t word		YES	NO	
Charles Ashton Death August 18 10 61	3. NAME OF	First		Middle	Last		Month	Day	Yeer	1	
Male white widowed to Divorced Sept. 28, 1887 73 yrs. Manha Day's Hours Man. 100s. USUAL OCCUPATION (Give kind of work done during most of working like, went it related) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIENTHELACE (County & Sitate, or foreign country) 11. BIENTHELACE (County & Sitate, or foreign country) 12. CITIZEN OF WHAT COUNTE WAShington, D. C. 13. FATHEX: NAME George Ashtan 14. MOHREYS MAIDEN NAME BMILY 15. WAS DECEASED EVER IN U.S. ARAB FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c).] 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c).] 19. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c).] 10 Conditions, if any, which gave rise to immediate course (a), staling the underlying could be		Charle	S	В	Ashton		Augu	st 18	19	61	
Male white widowed to Divorced Sept. 28, 1887 73 yrs. Manha Day's Hours Man. 100s. USUAL OCCUPATION (Give kind of work done during most of working like, went it related) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIENTHELACE (County & Sitate, or foreign country) 11. BIENTHELACE (County & Sitate, or foreign country) 12. CITIZEN OF WHAT COUNTE WAShington, D. C. 13. FATHEX: NAME George Ashtan 14. MOHREYS MAIDEN NAME BMILY 15. WAS DECEASED EVER IN U.S. ARAB FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c).] 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c).] 19. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c).] 10 Conditions, if any, which gave rise to immediate course (a), staling the underlying could be	5. SEX	6. COLOR OR RACE	7. MARRIED T NEVE	R MARRIED B	, DATE OF BIRTH	9			4-		
106. KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (Caunty & Sinte, or foreign country) 12. GHIZEN OF WHAT COUNTE Washington, D. C. 13. FATHER'S NAME George Ashta 15. WAS DECEASED EVER IN U.S. ARMÓ FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [enter only one cause per lina for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY. (b) Conditions, if any, which gave rise to immediate cause (b), staining the underlying ausa last. DUE TO CONSTRIBUTION COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) THE TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) THE TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) THE TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) THE TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) THE TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) THE TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) THE TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) THE TOTHER SIMPLE OF CONTRIBUTION COURSE. THE TOTHER SIMPLE OF COURSE. THE TOTHER S	male	1			Sept. 28.	1.887	TIME I	Aonths Days	Hours	Min.	
Transit operator 13. FATHER'S NAME George Ashton 14. MOHER'S MADEN NAME George Ashton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (17. MOHER'S MADEN NAME GEORGE STATE 18. MOHER'S MADEN NAME 19. MATCH NO. or unknown) [If lyss givewer ordeless of service) [If social security no. 17. INFORMANT Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 14. MOHER'S MADEN NAME GEORGE STATE Address Washington, D. C. U. S. A. 15. MOHER'S MADEN NAME GEORGE STATE HOSPITAL PART II. OTHER HARD FORCES? PRING GROVE STATE ADDRESS PRING GROVE STATE ADDRESS PRING GROVE STATE HOSPITAL 19. MED. 10. MED. 10				INESS OR INDUSTR			foreign country)	12. CITIZEN C	F WHAT C	OUNTRY	
14. MOHER'S MANE 14. MOHER'S MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per fine for (e), (b), and (e). 18. CAUSE OF DEATH [Enter only one couse per fine for (e), (b), and (e). 18. CAUSE OF DEATH [Enter only one couse per fine for (e), (b), and (e). 18. CAUSE OF DEATH 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPS PREFORMED YES NOT 19. WAS AUTOPS PREFORMED YES NO 19. WAS AUTOPS PREFORMED YES NOT 19. WAS AUTOPS PREFORMED YES N			(d)		Washing	eton. D.	G.	II S	A		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Manual	13. FATHER'S NAME			plant a				1 00 00			
Wink nown	George	e Ashton			Emily						
UNKNOWN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (e).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause (a), stating the underlying one couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) 19. WAS AUTOPS PERCONNECT YES NOT WELL AND THE THE THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) 19. WAS AUTOPS PERCONNECT YES NOT WELL AND THE THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) 19. WAS AUTOPS PERCONNECT YES NOT WELL AND THE THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) 19. WAS AUTOPS PERCONNECT YES NOT WELL AND THE THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) 19. WAS AUTOPS PERCONNECT YES NOT WELL AND THE THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) 19. WAS AUTOPS PERCONNECT YES NOT WELL AND THE				CURITY NO. 17. 1	NFORMANT		Address				
B. CAUSE OF DEATH [Enter only one ceuse per lina for (a), (b), and (c).] PART I. DEATH WAS CAUSE (b) Conditions, if eny, which gave rise to immediate ceuse (a), staling the underlying ceuse lest. Conditions, if eny, which gave rise to immediate ceuse (a), staling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?		in hes Bine met ot dejet of a		D _m	ondo. CDD	1367 0300	TTDI CITTATORE	110.257	T A T		
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? PERFORMED? VES		DEATH (Enter only one			ords: 5FR.	The FILL	AF PLAIR	INI.	ERVAL BET	WEEN	
Conditions, it eny, which eave rise to immediate cause and on the date stated about 10 contributing to death but not related to the terminal disease condition given in Part I(a) 19. WAS AUTOPS PERFORMED YES NOW 19. NOT While Not W	PART I, DEAT		Cardia	r failure				10	ISET AND E	DEATH	
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying out to ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	1-4	1	oar ara	o rattme						_	
gava rise to immadieta cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PREFORMED? YES NO 200. ACCIDENT WAS UNDERLYING YES NO 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.) 200. ACCIDENT WAS UNDERLYING YES NO 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.) 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED (Enter nature of injury in Part I or Part II of Item IB.) 200. TIME OF INJURY Month, Day, Year 19. While Not While of work office bidg., etc.) (City or town) (County) (State) 201. I certify that IX (this hospital) attended the deceased from Mar. Ch. 18. 19. 8. to Aug. 18. 19. 6. that (i) (we) it saw the deceased alive on Mar. 19. 6. and that death occured at. 2. M., from the causes and on the date stated above the deceased alive on Mar. Ch. 18. 19. 6. Aug.											
[c] Stating the underlying DUE TO Course DUE TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING 20b. INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 207. (County) 206. (City or town) (County) (Cou											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.) 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.) 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.) 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.) 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.) 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, p.m. 19 91 91 91 91 91 91 9	PILE TO										
PERFORMED? VES NO DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part 1 or Part II of Item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) P.m. 19 et work et work et work fectory, street, office bldg., etc.) 21. I certify that M (this hospital) attended the deceased from March 18 19 61, and that death occured at 18 19 61, and that death occured at 2 m. M, from the causes and on the date stated about 22m. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Stella Wachsler M. D. 22d. ADDRESS SPRING GROVE STA'E HOSPIT AL Catonsville 28, Maryland 23e. BURNAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)	ceusa lest. (c)										
20e. ACCIDENT WAS UNDERLYING 20e. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item IB.) 20e. TIME OF INJURY MODICAL EXAMINER: 20e. TIME OF INJURY Month, Day, Yeer Hour a.m. p.m. 19	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVEN		PERFO		
21. I certify that X (this hospital) attended the deceased from. Mar.ch. 18. 19.61, to. Aug. 18. 19.61, that (i) (we) is saw the deceased alive on. Aug. 18. 19.61, and that death occured at a. M, from the causes and on the date stated above 22e. SIGNATURE 22e. SIGNATURE ATTENDING MED. STAFF PHYS. SIGN DIRECTOR PHYS. 8-18-61 22c. PHYSICIAN'S NAME (Type) Stella Wachsler M. D. 22d. ADDRESS SPRING GROVE STA'E HOSPIT AL Catonsville 28. Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)	200. ACCIDENT W	CAUSE OF DEATH	206. DESCRIBE HOW	INJURY OCCURED	, (Enter neture of injury	in Part 1 or Part I	l of item 1B.)				
Saw the deceased alive on	Hour a.m.	19	While Not W	hile fact	tory, street, office bldg.,	etc.)					
Saw the deceased alive on	21. I certify	that X (this hospi	tal) attended the	deceased from	March 18	, 1958., to.	Aug. 18	, 19.6]	that (f) ((we) las	
228. SIGNATURE SILLA WOLL M.D. ATTENDING MED. DIRECTOR PHYS. 8-18-61 22c. PHYSICIAN'S NAME (Type) Stella Wachsler M. D. 22d. ADDRESS SPRING GROVE STA'E HOSPIT AL Catonsville 28, Maryland 23e. BURDVAL (Section), 23b. Date thereof 23c. Name of Cemetery or Crematory 23d. Location (City, town or county) (Stete)	saw the decea	sed alive onA	ug. 18 19	.61 and that	death occured at		the causes as	nd on the d	ate state	d above	
22c. PHYSICIAN'S NAME (Type) Stella Wachsler M. D. SPRING GROVE STA'E HOSPIT AL Catonsville 28, Maryland (Stella) (Stell				1	ATTENDING	MED.	STAFF		22b		
Stella Wachsler M. D. Gatonsville 28, Maryland 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)		5		7	22d. ADDRESS	SPRING	GROVE	STATE H	OSPIT	AT.	
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	NAME (Type	Stella W.	achsler M.	р.						A Sphile	
BEHOVAI (Society)	22. BIRIAL CPEMAN	TION 1 236 DATE THE	REOF 23c NA	ME OF CEMETERY	OR CREMATORY					tete)	
		1				1			10.		

Burial

1961 | Ft Lincoln

24 FUNERAL DIRECTOR'S SIGNATURE

F Gasch's Sons

ADDRESS Hyattsville M,.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DATE AUG 21 '61

arthur 1. Kraye

puch July 12 modial There's man the contract of th many to the second of the second " profit and the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

USA

de	
S	1
M	L
3. 4	L

I director, filed with

é

shauld

after

funeral

after death. Page

USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Pikesville

Pikesville d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 7043 Concord Road

d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7043 Concord Road YES NO

NAME OF First Middle Last 4. DATE Month Day Year DECEASED ATTMAN DEATH (Type or print) IDA August 19 6] 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH last birthday) 60 yrs. Months Days Haurs Female White WIDOWED [DIVORCED | May 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)

Housewife At Home Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Rachel ? 17. INFORMANT Address

BRE AS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr. Harry Attman- 7043 Concord Road no no INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (6) **DUE TO** Canditions, if any, which (b) gave rise to immediate **DUE TO** cause (o), stating the under-

PART I, DEATH WAS CAUSED BY:

Yechel Shapiro

lying cause last.

CERTIFICATION

MEDI

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A

20g. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED Year O. M While Not while at work at work p. m.

CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office bldg., etc.)

(State) (County)

(State)

1961 21. I certify that (1) (this hospital) attended the deceased fram. , that (I) (we) lost 1. and that death occurred of 30 %, from the causes and on the date stated obave. sow the deceased alive on 226. SIGNATURE 22b. DATE

M.D.

22c. PHYSICIAN'S NAME (Type)

ATTENDING DIRECTOR 22d. ADDRESS

SIGNED

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Shomre Mishmeres

23d. LOCATION (City, town, or county) Rosedale. Maryland

STAFF PHYS.

24/61 Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25o. REC'D BY REGISTRAR

Levinson & Bros. Inc. 6010 Reist Road

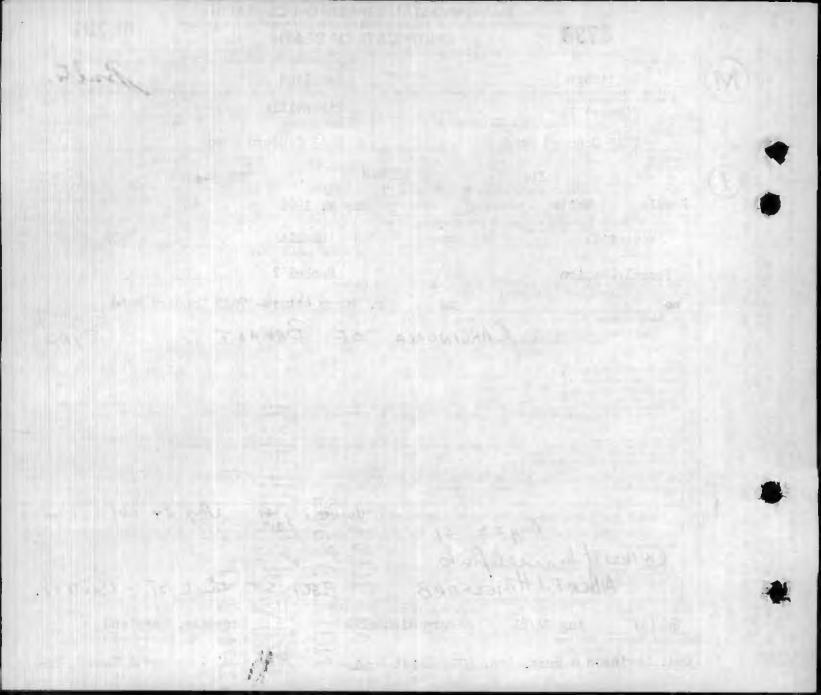
DATAUG 2 8 '0

wishes I There

paper Cam hours and physician 50 with гетаче attending ā the þ permit remaya gned has been si burial-transit attending physician 6 rtificate SD far haspifa detached DIRECTOR: auld page 3 sh the State 3 TO FUNE

that the death

He. VR A15 (4) 15M 9/59



(N)

MARYLAND STATE DEPARTMENT OF HEALTH

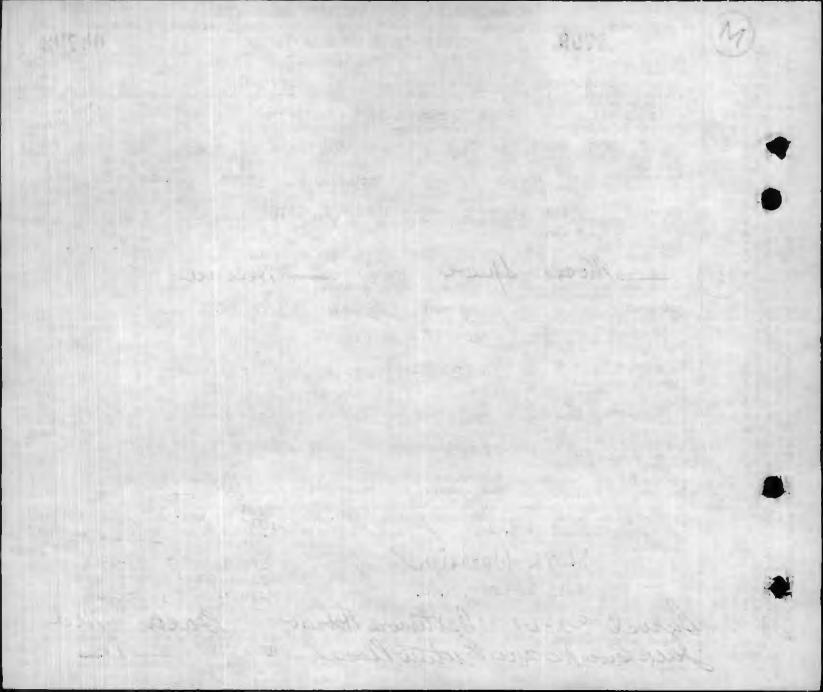
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1879)

199												
	1. PLACE OF DEATH 2. COUNTY Baltimore MARYLAND	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) STATE										
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville 8yr5mth2ldys	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) Bal timore										
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?										
All and a second	SPRING GROVE STATE HOSPITAL	914 Whitelock Street YES NO										
	3. NAME OF First Middle DECEASED (Type or print) Betti: Ba	chenheimer Day Yeer Open August 1 19 61										
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.										
	female white WIDOWED TO DIVORCED J	une 24, 1878 last birthday) Months Days Hours Min.										
	done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?										
	housewife	Germany U. S. A.										
1	13. FATHER'S NAME MOSES Sheer	TIPLEMENT NEOPENA										
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Hypsigive werer deles of service)	NFORMANT Address										
	unknown unknown Re	cords: SPRING GROVE STATE HOSPITAL										
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH										
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0] Terminal pneumonia											
1	DUE TO											
-	gave rise to immediate cause	c cardiovascular disease										
1	(a), steting the underlying DUE TO											
	ceuse lest. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY										
	- Table Tabl	PERFORMED? YES ☐ NO 🏂										
7	20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Part I or Pert II of itam 18.)										
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)										
	21. I certify that (* (this hospital) attended the deceased from.	Feb. 10 2:863 to Aug. 1 19.61, that (1) (we) las										
		death occured at. 2. M, from the causes and on the date stated above										
	220. SIGNATURE Stella Wachelor M	D. ATTENDING MED. STAFF PHYS. STAFF 8-1-61										
	22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland										
	230 EURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OF C	REPRESENT 23d. LOCATION (City, town or county) Medicale)										
	24 JUNERAL DIRECTOR'S SIGNATURE 2100 E LITTURO PL	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE AUG 3 '61 Signature 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE										
100												

and in any event, within 72 hours, after death. executed within 24 hours after The law requires that the death certificate be the hospital or attending physician.
This certificate has been signed by the attending physician at TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate death.

TO FUNEMAL DIRECTOR:

director, page 3 should be defected for use as the burial-transit permit. Then please remove be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN lif outside comprete limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town) write RURAL and give nearest town) Fort Howard Baltimore. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO VO Chapelgate Lane Veterans Administration Hospital NAME OF 4. DATE DECEASED (Type or print) DEATH DATCHO 19 AUGUST 61 5. SEX 16. COLOR OR RACE , 7. MARRIED XX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 21. BIRTHPLACE (County & State, or fore gr country) done during most of working life, even if retired) Salesman Hardware Marietta, North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rufus A. Bailey Leona Arnette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detes of service) Clin. Rec. VAH, Balto. 18, Md. Ft. Howard Division Yes WW II 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMORRHAGIC PANCREATTTTS _DAYS IMMEDIATE CAUSE (a) LAENNEC'S CTRRHOSTS if any, which YEAR geve rise to immediate cause UNERAL DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY NO K Acute Brain Syndrome, Delerium Tremens. ACCDENT WAS UNDERLYING 1 | 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port I of Item 18.) 2De. ACC DENT WAS UNDERLYING J OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) STEPHENS 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF NJURY (Home, ferm, 20f. [City or fown) (County) (State) factory street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that My (this hospital) attended the deceased from. 8/15/ saw the deceased alive on....8/19 2 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PMENT DIRECTOR PHYS. T PHYS. 8/19/61 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) CHARLES E. ROWAN, M.D. VAH, BALTO. 18, MD. FT. HOWARD DIVISION (SPENATORY) | 23d. LOCATION (City, town or county) (SP 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, | 236 DATE THEREOF REMOVAL (Specify) Lumberton, North Carolina Hollywood Cemetery Removal 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 6009 Harrord Road DATE AUG 2 2 '61

Baltimore 11 Md

Crilling & Krotte - - =

funeral should,

by the sand 2 sideath.

Pages

physician

please affending

Then

certificate has by or use as the bur prior to burial,

ō

Te S

DIRECTOR:

FUNEAAL

director, be filed v

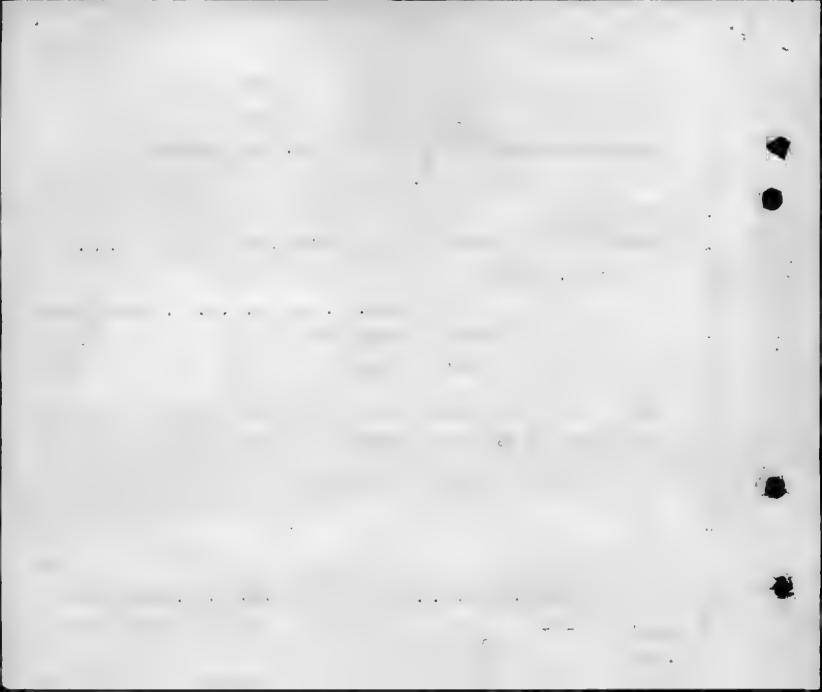
VR A15 (4)

15M 9/60

Wm. Cook-Blight Inc

the

þ





VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8802

- (ì	X	19	1)	5
ž.	\$	(0	U	+
47.1	_	A	-		

1.	PLACE OF DEATH o. COUNTY				11	2. USUAL RESIDENCE	E (Where	deceased		an: Reide		- Q= () \$\$10	an)
		imore		MARYL	AND	a STATE Man	rvlan	ıd	b. COUNTY	St.	Mary	·I _S	,
-	b CITY OR TOWN (If	outs de corporete limi	ts, write	c LENGTH OF STAY	N 16	c. CITY OR TOW			rate limits, write R	URAL and	give nea	rest lawn)	
		gs Mills		5 years		Gre	eat M	ills					
Г	d. NAME OF HOSPITA	L (if nat in hospital, g	ive street	oddress)		d STREET ADDR	ESS) . \	, a		ON A	DENCE
L		wood State	Tra	ining Schoo	1				15. 1	X	*	YES-	
3.	NAME OF DECEASED	Fir	st tz	Middle		Last	4.	. DATE OF	Мог	th	Day	y Y	ear
	(Type or print)	Leo	а	**		Barber		DEATH	8		23	3 1	961
5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B.	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDE		IF UNDER	
1	Female	Negro	WIDOW	ED DIVORCED		? 1917			? Lik yrs.	Months	Days	Haurs	Min.
10	USUAL OCCUPATION		dane 10b.	KIND OF BUSINESS OR	INDUSTI	Y 11. BIRTHPLACE	(State ar l	foreign co	untry)	12.Ci	IZEN OF	WHATCO	OUNTRY
	Denend		,	_		St. Ma	arvs	Coun	tv		U.S	5. A.	
13	FATHER'S NAME					14. MOTHER'S MAI							
	John Beale					Mary Lo	าบา๋ ๑.๔	Gra	en				
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFO	DRMANT	JULBE	, 010	Add	ress			
(Y	No or unknown) (11	f yes, give war ar dates of i	BEVICE)			Rosewoo	nd Re	heord	e Ourin	gs_Mj	110	Md	
F		M [Enter only one co	use per li	ne far (a), (b), and (c).]		1.0000101	200 200	70010	3 011211	<u> </u>		RVAL BET	WEEN
	PART I. DEAT	H WAS CAUSED BY.	_	4	1. 2		. 1.0	A	de de ale		ONS	ET AND	DEATH
	7-0	MMEDIATE CAUSE (of myocar				rıo-		0 hr	5
١.	1 ~ '	DUE TO	•	sclero	tic c	oronary t	hrom	bosi	3				
	Conditions, if an gave rise to im)								_		
ı	couse (a), stating th												
	lying cause last.) (c)										
Z	PART II OTHE	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE	TERMINA	L DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 15	9, WAS A	JTOPSY
CATION													NO-
H.	20a ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of inju	ury in Parl	t Lar Port	II af item 18.)				
CERT	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)											
3	20c. TIME OF INJURY	Manth, Day, Ye				E OF INJURY (Hamery, street, affice bldg		20f. (City	ar tawn)		(Caunty)		(State
MED	Haur a.m.	19	While of war	k Ot wark	racia	ry, sireer, dirice bio	g., elc.)						
-		(I) (this basaita	1 ottone	ded the deceased f	Fram	1/10	1056	5 10	8/23	101	61 11	at (I) (v	un) las
		d alive on				•			•				-
	220 SIGNATURE	se dilve on	31:23	19_6], and	mar ae	alli occurred al	0:20	Deau.	ine couses of	id on in	le dole		DATE
	Edin	Coll IN	coti	Rews	м	ATTENDING PHYS	MED	TOR 🗆	STAFF PHYS				SIGNE
	22c. PHYSICIAN'S	7				22d. ADDRESS			od State	Two 1	nine	Sah	20]
	NAME (Type)	Edward J.	Mat	hews M.D.					Mills.			DOM	OOT
23	BUR AL, CREMATION	· · · · · · · · · · · · · · · · · · ·		23 NAME OF CEME	TERY OR	CREMATORY			ON K de levre,			a (Stote	,
23	REMOVAL (Specify)	9-1-6	10	The Comme	Tan	1 Breeze	1	17	28Tin	And A	11	lia	1
24	FUNERAL DIRECTOR'S	SIGNATURE	/	ADDRESS	Signal Property	250	. REC'D B	V REGIST	PAR 255 PEGS	STRAR'S S	IGNATHE	RF.	<u></u>
-	TO PERAL DIRECTOR'S	1191	00	121	0								
	915cm/2	T3 / 1/4	and V	Puller.	3	DA'	THEP 6	61	Cirl	hua &	Thomas		

Jean 1 H Hawk Piles & sod

MARYLAND STATE DEPARTMENT OF HEALTH

Bluision of Statistical Research and Records — Baltimore 1, Maryland

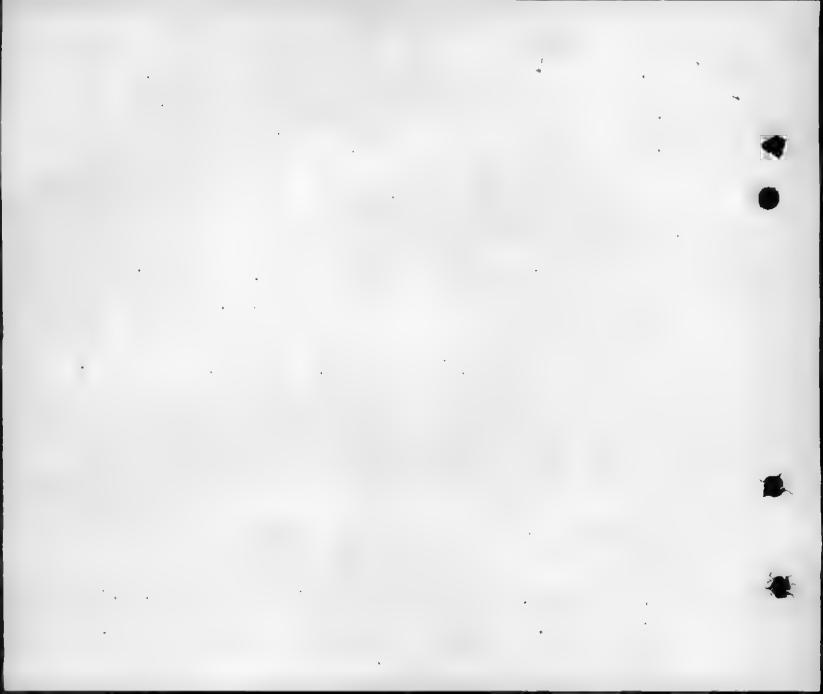
CERTIFICATE OF DEATH

118797

	1 PLACE OF DEATH 0. COUNTY	l l	USUAL RESIDENCE (Where decea	b. COUNTY	e before admission)
	Raltimore .	MARYLAND	Maryland	34.	Mary's
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c STY OR JOWN (If outside con	porote limits, write RURAL and g	ive negrest town)
	It. Wilson, Maryland	1mo. 3 days	Alxington	1 ark	V.N. 5
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d, STREET ADDRESS	11/20	on a FARM?
	* .t. Ilson State hospita		cjo post uj	11 C	YES NO
	3. NAME OF DECEASED (Type or print) 705FPH	MERVIN:	BARNES		5 1961
	1/200	The second second second	DATE OF BIRTH	last birthday) Months	TYEAR IF UNDER 24 HRS Doys Hours Min
	M Negro WIDOWE		0,12.12,	48 yrs	
	10a USJA, OCCUPATION (Give und of work done 10b. during mast of working life, even if retired)	-	Y 11. BIRTHPLACE (State or foreign		ZEN OF WHAT COUNTRY?
		Construction	Maryland	U	SA
	13. FATHER'S NAME	NICA	MOTHER'S MAIDEN NAME	EDICO	Λ/
	IS (VAS DECEASED EVER IN U.S. ARMED FORCES? 116	SOCIAL SECURITY NO 17, INFO	K075/1/+	Address	V
1	(Yahino, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO 17, INFO	RMANI		77 1.4 7
	no		pital Records, 1	t. Ilsen State	
	18. CAUSE OF DEATH [Enter only one couse per line PART t. DEATH WAS CAUSED BY:	ne for (o), (b), ond (c).]	a da		ONSET AND DEATH
	IMMEDIATE CAUSE (o)	umonary	earma		20 mi
	DUE TO	0,	1 10-10 0	1. 0	
	Conditions, if any, which by Governise to immediate	1 advanced	blanciax	pulino-	8 Wear
	couse (o), stoting the under- DUE TO	nary tube	reulocis	/	
	/ying couse last) (c)			ACE CONDITIONS GIVEN IN DAD	LICALITA WAS ALITABLY
	PART II. OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NO	TREEATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or P	ort II af item 18)	
	A Hour a m While	_ Nat while factors	OF INJURY (Home, form, 20f. (Cy, street, office bldg., etc.)	ity or town) (C	County) (State
	p. m ly at work	k at work	7 /		· ·
	21. I certify that (I) (this hospital) attend	-9 A	1961 . to		\mathcal{L} , that (I) (we) last
	saw the deceased alive an St Q.	19 <u>.0./</u> , and that dea	th accurred at 2. 2 Train	n the causes and an the	
	220 SIGNATURE		ATTENDING MED	STAFF	226 DATE
	22c. PHYSICIAN'S	M C	22d. ADDRESS	PHYS .	6.1401
	NAME (Type)			** ** ** ***	7.7.7 7 A
		perintendent		e Hospital, Mt	
	230 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR C		ATION (City, tawn, or county)	(State)
	Burial 8/10/61	Holy Face C		eat Mills M	C. SNATURE
	24, FUNERAL DIRECTOR'S SIGNATURE		250 REC'D BY REG	1	
	P.B. Robinson - Leon	ardtown, Md.	DATAUG 1 0 '6	Chilma & T	Gara_

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be get by the hospital Actional physician or solved to the hospital Affect of the funeral director, TO FUNERACTOR: After the fifticate has been signed by the ottending physician and completely filled in the funeral director, the funeral director, 2 should be filed with 254 ong ges 1 may be good by the hospital of Ottending physician of the ottending physician and completely be the Complete of the Structure of the Otter of the Structure of the Otter TO FUNERA

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECO ESTON STREET, BALTIMORE 1, MARYLAND 8803 funeral Ttem 23 Film (22) USURI RESIDENCE (Where decesed lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY Baltimore Maryland 1 5 P MARYLAND and b. CITY OR TOWN (flouts, de corporate I mits. E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>≨</u> write RURAL and give neerest town) <u>_</u>2. after Fort Howard Days Pages Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Veterans Administration Hospital YES NOTY Winans Avenue papers. n 72 ho 3. NAME OF Year Month omplete DECEASED OF (Type or print) DEATH ROBERT BARNETT AUGUST AUGUST AGE (In yeers | IF UNDER I YEAR IF UNDER 24 FIRS. carbon 6. COLOR OR RACE 7. MARRIEDE NEVER MARRIED 1 B DATE OF BIRTH last birthday) Months. Deys Hours Male White WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carpenter U.S.A Construction Sykesville, Maryland 13. FATHER'S NAME Samuel Barnett Sally Fredericks ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) , (Ifyes give war or detes of service) 217-05-4942 Clin.Rec.VAH, Balto 18, Md.Ft. Howard Dixision the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY g physic signed IMMEDIATE CAUSE (a) UNKNOWN DIECTIO Conditions, If any, which (b) ARTERIOSCLEROSIS. GENERALIZED UNKNOWN geve rise to immediate cause **DUE TO** (e), stating the underlying the buri PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10), 19. WAS AUTOPSY certificate PERFORMED? NO TO SENILE EMPHYSEMA OF LUNGS 200. ACC DENT WAS UNDERLYING JOR CONTRIBLTING CAUSE OF DEATH (IF BITHER, NOTIFY MEDICAL EXAMINER) 2Db DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of Item 18) 2Dc. TIME OF INJURY Month, Dey, Year et work | Not While 2Dd INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. pm. OR: Ū 21. I certify that // (this hospital) attended the deceased from... 8/23/. 1961, to .8/26/..... ..., 1961, that //) (we) last 19.67, and that death occurred 3:55. from the causes and on the date stated above saw the deceased alive on, 1 may by 22b, DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS 8/26/61 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN W. VAH, BALTO.18, MD. FT. HOWARD DIVISION
EMATORY 123d. LOCATION (City, fown or county) death.

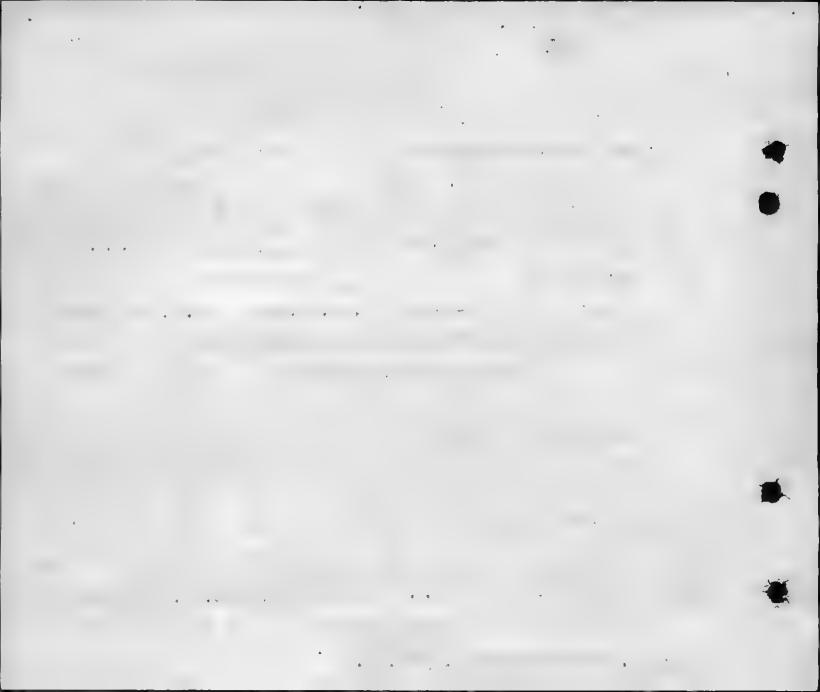
O FUNZ

director,

be filed 230. BURIAL, CREMATION, 236. DATE THERED. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Aug. 30, 1961 Baltimore National Baltimore, Maryland

250. REC'D BY REGISTRAR | 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1107 Wilkins Ave. DATE ANG 2 9 61 15M 9/60 Howard H. Hubbard Funeral Home, Balto, Md. Octor & thous

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	¥	_	MARYLAND STATE DEPARTMENT OF HEALTH	
- G - E	1	4	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	08799
urs after le funeral 2 should	M		PLACE OF DEATH c. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decaesed lived, if Institution c. STATE MARYLAND A. STATE M.	Residenca before edm ssion)
24 ho in by th 1 and er deart		6	b. CITY OR TOWN (if outside corporate limits, write RURAL) and give neerest town of the RURAL and give neerest town of the RURAL)	end give neerest town)
ed ed ages ours aff	<i>i</i>		Shady work Bursing Home 2827 Harlem a	ON A FARM? YES NO X
recuted Impletel Papers in 72 h		3.	NAME OF DECEASED OF DEATH Cliq, 1.	5/6/19
ar carbon		Se	Emale, W., WIDOWED DIVORCED 17, 1873 18 birtholy) yes.	R 1 FEAR IF UNDER 24 HRS. Deys Hours Min.
ertificat nysician remove ny ever		do	Mone Bolto, med W	CITIZEN OF WHAT COUNTRY
death c	$\overline{(I)}$	2	Educates Beebler Garrie Benker	
at the atten Then noval, a			WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. IV. INFORMANT Warren A. armed Address Warren A. armed Address Warren A. Crnsld. 176	Saratoga
jurres thy sician, and by all permit.			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) MYOCANAIL INSUFFICIENCY	ONSET AND BEATH
law ren ding ph en sign l-transit emation			Conditions, if ony, which (b) and enigo schoolie condy variety objections	2 7
r aften r aften has be re buria urial, cr			geve rise to immediate cause (e), stating the underlying cause lest. (c)	
spital crifficate ise as it or to b	(1	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
the he sid for u		L CERTI	20e. ACCIDENT WAS UNDERLYING 20b. DESCR.8E HOW INJURY OCCURED. (Enter neture of injury in Peril or Part It of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER,	45
NDING sined R: A detache t. of He		MEDICA	Hour a.m. p.m. While Not While factory, street, office bldg., etc.)	County) (State)
ATTECTO) Suld be ate Dep			21. I certify that (I) (this hospital) attended the deceased from VIII. 1960, to Little saw the deceased alive on Little 1. 1960, and that death occurred at 75 M, from the causes and of	the date stated above
4 may L DIR to 3 sh			22e SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN 5 22d. ADDRESS	Qua 16 1961
UNERY Ior, page	R	_	NAME (Type) George Knipp, M. D. 4116 Edmondson ve. Balt Burial, Cremation 1235, Day Therefore 1236. Ame of Cemitery or Cremators 1236. Location (City, Iown of Co	
TO HO TO FI	B		ADDRESS 250. REC'D BY REGISTRAR 25b.	9, mel.
VR A15 (4) 15M 9/60		1	Vitale F.W. 41016 donon don a DATE AUG 24'61 arthur	



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before admission) a. COUNTY MARYLAND b CITY OR TOWN (fauls'de corporete imits, E LENGTH OF STAY IN 16 outside corporete limits, write RURAL and give neeres lown) write RURAL and give nearest town) KURAId. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO 3. NAME OF Year DECEASED (Type or print) DEATH 5. SEX AGE (In year) F UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday Months WIDOWED DIVORCED physician se remove c 106. KIND OF BUSINESS OR INDUSTR 1Da. USUAL OCCUPATION (G ve kind at work & Stele, or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewi Fre 13. FATHER'S NAME attending p Then please val, and in 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17, INFORMANT Address (Yes, and, or unknown) [fyesgive war or dates of service) 830 S 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gave rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIE, CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? NO 1 2De. ACCIDENT WAS UNDERLYING | | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Parl I or Parl II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH |
(IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital), attended the deceased from. IcM, from the causes and on the date stated above. . and that/death occured at J. saw they deceased alive on.. C 22b DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) FUNI ector, NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) D. g g REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) ... 15M 9/60 $^{1}61$



	1	4,3		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	್ಷ ಪ	-		8808 CERTIFICATE OF DEATH Reg. Dist. No. 1188111
age	directar	nA!	1.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 3 STATE COUNTY
<u>.</u>		(141)		BALTO. MARYLAND MARYLAND BALTO.
eath	be			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town)
e d	e fun ould		H	d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE
urs aft	d 2 sh	X	L	OR INSTITUTION OR INSTITUTION ON A FARM? YES \(\) NO \(\)
t ho	d in		3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED
in 2,	<u><u><u> </u></u></u>		-	(Type or print) LORENA. A. BERNOUDY DEATH GLOST 19 1961
with (<u> </u>	(=)	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS lost birthday) Months Days Hours Min.
red	Pers.		100	F WIDOWED DIVOKED DEC. 21, 1866 74 yrs.
Cecu	S SE		1	during most of working life, even if retired)
9	and bon er d		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ate 1	cian car		'	JOHN R MILLER INNIMARY FREDRICK
tifice	hysi nave			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT
ě	ng F		110	n. 10. of unbown) (If you, give war or dotes of service) — march E. Gillette attite high
leath	endi leas			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH
he d	en p			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Cardio Vascular renal chaeau
da l	The ever			C//2 X DUE TO
4 sa	mit.			Conditions, if any, which (b) (b)
quire	per			cause (a), stating the <u>under-</u> DUE TO
v rec	en s ansit		z	lying cause last.) (c) Part 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY
bysi hysi	s be		ATION	PERFORMED? YES NO IZ-
The D	e ha ouric		IFIC	
AN: endir	ficate the tor	0	CERI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of ilem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SIC S	ign,		CAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. (Stole)
F P	r use		MEDI	Hour a. m. While Not while factory, street, affice bldg., etc.) p. m. 19 at work of work
Sp. ds.	fer f			21. I certify that I attended the deceased from
NDI Physical	che A			alive an Aug 19, 1961, and that death accurred at Physrom the causes and an the date stated above.
ATTE	de to			DATE SIGNED
Sed t	SKEC d be prior	1		SIGNATURE JOM FRANCO JARKTON MO S/19/4
1010	INERATED e 3 should registror p	E 1/2 /		PHYSICIAN'S A. M. FRANCE
OSP	Legis	B.	220	BURIAL, CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. 10 yn., dr.covinty) (Stote)
O HO	O FUN Page		1	WRITH HUG. 22, 1961 WISEBURG CEMETERY While Mall, Mid.
P VC A	¥ 15 (4)	(1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
ISM !		7		facol Harlenslein, Yew Freedown, Tal. DATEAUG 23 '61 ariling & there



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1188012

e

1. PLACE OF DEATH O. COUNTY BALTINGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b COUNTY Maryland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	Pikesville
d NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION 1303 Pineridge Terrace	d. STREET ADDRESS 1303 Pineridge Terrace o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3 NAME OF DECEASED (Type or print) LOUIS BE	IN STEIN 4. DATE Month Doy Year August 4, 19 61
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF, BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Salesman Chemical	Baltimore, Maryland USA
13 FATHER'S NAME David Bernstein	14. MOTHER'S MAIDEN NAME Elizaberh ?
(Yet on or unknown). Of was much use or dates of capacity to a second	NFORMANT Address rs. Gertrude Bernstein- 1303 Pineridge Terrac
PART! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Quelle Cen esial. DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (c) PART! DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) Quelle Cen esial. DUE TO If your enderlying couse lost.	ey transferry
CATIO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	ED (Enter nature of injury in Port I or Port II of item 18)
20e. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State bldg., etc.)
21 I certify that (I) (this hospital) attended the deceased from, sow the deceased alive on 2006 29 1961, and that 220 S GNATURE	deoth accurred at A.M., from the causes and on the date stated above
Di Beenary, Cofo,	M.D ATTENDING DIRECTOR STAFF 8 (4/6/ S GNEE PHYS 22d. ADDRESS
Dr. Bernard Cohen	1 3501 of our sines
23c BURIAL, CREMATION, REMOVAL (Specify) Burial Aug 6/61 23c NAME OF CEMETERY C Chizuk Amuno	Baltimore, Maryland
Sol. Levinson & Bros. Inc. 6010 Reist R	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CLITTUM & Prince
	OaQ

VR A15 (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY L. COUNTY Maryland Baltimore the 3 MARYLAND Baltimore by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 write RURAL and give nearest fown) Catonsville Baltimore, Maryland 2Mts. 20days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box5IO RT. Ih Baltimore 20 YES NO T State Hospital Spring NAME OF DATE Middle Month Day Vanz DECEASED OF (Type or print) DEATH BerghersxMARY 19 6T Edna Borchers 6. COLOR OR RACE | 7. MARRIED F 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years HE UNDER 1 YEAR) NEVER MARRIED last birthday) Months Hours 1886 WIDOWED DIVORCED Female White 10a. JSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or loveign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALTIMORE houswife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THI N PAURO CATA WEHRMAN ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 46-50C affe (Yes, no, or unkown) (If yes give war or dates of services) Records Spring Grove Hospital INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (a) hours DUE TO Conditions, if any, which Coronary insufficiency gave rise to immediata cause DUE TO (a), stating the underlying Coronary and Generalized arteriosclerosis PART IL OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Φ NOI PERFORMED? YES IC NO T 17% 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH 1 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While _Not While Hour a.m. at work at work io... 26 61 saw the deceased alive on.... 22a. S GNATURE ATTENDING DIRECTOR PHYS. PHYS. M D 22d. ADDRESS 22c. PHYSIC AN'S NAME [Type] HOS Path. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown \$ G PARK CEMETERY TMORE 08 LORRAINE BALT 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) BALTO. INC. 15M 9/60

DATE



V. S. No. 1

SSISTATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No.
	No. Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME CATHERINE M. BRENNAN	If U. S. Veteran, specify WAR
1004 17000 00000	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5EX 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH AUGUST 12.1961. (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attanded deceased from
(or) WIFE of Single	JUNE 1 1959 19 10 AUGUST 12 1961
6. DATE OF BIRTH (month, day, and year) Jan. 24, 1878	Hast saw h.er aliva on. AUGUST12, 161; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 4. 40. Am.
83 1 day,hrs.	wara as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, ASS to Treas. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Emers on Drug Co. SAW MILL, BANK, etc. 10. Data deceased last worked at this expension from the same of the same	CARCINOMIA OF SIGMOID FLEXURE JUNE 1
9. Industry or business in which work was done, as SILK MILL Emers on Drug Co.	CHRONIC MYOCARDITIS 1959.
SAW MILL, BANK, etc	ARTERIOR SCLEROSIS 1959.
O this occupation (month and spent in this occupation	METASSIS. 1960
12. SIRTHPLACE (city or town) Balto. Md. (State or country)	Other Centributery Causes of Importanca:
置 13. NAME Thomas Brennan	
13. NAME Thomas Brennan 14. BIRTHPLACE (city or town).	Name of operation. RESCRT-ION COLON DASGNE 27 19
(State of Country)	What test confirmed diagnosis?MISCROSCOPE Was there an autopsy?NO
15. MAIDEN NAME Margaret Mitchell	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Margaret Mitchell 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Whara did injury accur?(Specify city or town, county and State)
17. INFORMANT Mrs John P. Ryan (Address) Cambridge Arms Apt.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Place New Cathedral Date 8/16/61	Menner of Injury
19. UNDERTAKER Witzke F.B. 4101 Edmondson A	Off. Was disease or injury in any way related to occupation of deceased?
20. FILED	(Signad) (MOULLS) (CASULUL M. D. (Addrass) 3013 SAINT DAUL CTRUET

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į)	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy • •	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		,		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

6/19 14.5

19 5/8

ACARVIANO EFAVE DENABRADAT OF MEALTM

ETAZARA KARAFTIN	CORRESPONDE ASSESSMENT FINANCIA CONTRACTOR DE DESENVAL	
DIVISION OF STATISTICAL RESEARCH A	ND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
88 13 CE	RTIFICATE OF DEATH	08806

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
o. COUNTY BALTO. MARYLAND	o. STATE MAL. b. COUNTY RAY
b. CITY OR TOWN (if outside corporete limits c LENGTH OF STAY IN 16	c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town)
write RURAL end give nearest town)	V / 0:160
LANS DOWNE	LANSPOWNE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street eddress)	d STREET ADDRESS a. IS RESIDENCE ON A FARM?
121 HAZEL AVE.	121 HAZEL AUE. YES NO
3. NAME OF First Middle	Lasi 4. DATE Month Day Yeer
(Type or print) FRANK M. BRO	DETERMINED AND AND AND AND AND AND AND AND AND AN
the state of the s	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	in In 19 Iasl birthday) Months Days Hours Min.
WIDOWED DIVORCED	10/2/3/ 03 175 yrs.
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if ratirad)	Y 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
BLACKSMITH STO RET.	M.L. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK A. ROMINIA	-DUVALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. 1	NFORMANT Address
(Yes, no. or unkown) (Ifyesgivewerordetesofservice)	18. 4 0.
The gaves of premium	Anfo 7. Lown Interval Setween
18. CAUSE OF DEATH [Enter only one cause perfine for st), (b., and (c).] PART I DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) farkensons	fire -
DUETO PA , D AL	7115
Conditions, if any, which (b) Chlereosclerate	CVP grs
geve rise to immediate causa	· · · · · · · · · · · · · · · · · · ·
(e), stelling the underlying DUE TO	
Cause last, (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(=) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED TO THE PERMITTED DISEASE CONDUCTION OF THE PERFORMED
3	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 7 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 7 CAUSE OF DEATH (IF ETHER, NOTHEY MEDICAL EXAMINES)	. (Enler nature of in ury in Part I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. FLA	CE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
nour e.m.	ory, street, office bldg., etc.)
p.m. 19 at work et work	1/3 // 4/36 //
21. 1 certify that (1) (this hospital) attended the deceased from	
saw the decreased alive on	death occured at 17.M, from the causes and on the date stated above.
270 SENATURE	ATTENDING MED. STAFF SIGNED
Horsel of hearthan M	D. PHYS. MED. STAFF SIGNED
220 PHYSICIAN'S &	224, AGORESS 1 1 1 1 1
Heric Kas	2706 Klishunglon Brok
230 BURIAL CREMATION 23b DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, lown or county) (State)
238. BURIAL, CREMATION. 236 DATE THEREOF 23c. NAME OF CEMETERY	7
BURIAL SERT. 1, 1961 LOUDD.	N PK. BALTO, ME.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1/11/11/11/100 28	DATE SEP 5 '61 Orthur S. Kraus

TO HOLL OR ATTENDING PHYSICIAN: The law requires that the death entificate be exacuted within 24 hours after \$\frac{\pi}{2} \times \frac{\pi}{2} \times \fra



ARYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYL 8 & 14 Film G2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY 1.5 1.2 1.2 MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate umits, write RURAL end give neerest town) write RURAL and giva nearest town) rrison OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO & 3. NAME OF Year DECEASED OF (Type or print) DEATH 19 5. SEX 8. DATE OF BIRTH FUNDER 1 YEAR | IF UNDER 24 HRS. MARRIED NEVER MARRIED Days Months Hours WIDOWED F DIVORCED physician 10a, USUAL 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ng life, ekan if retired) please MAIDEN NAME . 5 aftending pue Unknown Then 16. SOC AL SECURITY NO 17 Address (Yes, no, or unkown) I (If yes give war or dates of service 18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c).] INTERVAL BETWEEN á, ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which {b1 gave rise to immediate causa DUE TO (e), stating the underlying ceuse last. PART II OTHER'S GIVERCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO P CERTIFIC 20a. ACCIDENT WAS UNDERLY, NG | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of fem 18.)
OR CONTRIBUTING | CAUSE OF DEATH | [If EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or fown) (State) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from, 19, that (I) (we) last saw the deceased alive on... (CA)., and that death occured at/../...M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING MED SIGNED M.D. | PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 238. JURIAL, CREMATION, 236 DATE THEREOF 23ca NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State MOVAL (Specify) ± ± ± REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Balto. c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM?_ YES TI NO TI Aug. 61 19 IF UNDER I YEAR IF UNDER 24 HRS. Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES T NO T (County) (Stote) Aug., 19 61, that I last saw the deceased and that death occurred at 2:10PeM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote)

22d. LOCATION (City, town, or county)
Pylesville, Harford Co., Md.

23. FUNERAL DIRECTOR'S SIGNATURES John Burns Sons

Towson, Maryland

240. RECYPLEY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE

arthur L. Kene



8815 **CERTIFICATE OF DEATH** Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) p. COUNTY RALTIMORE should be filled **6. COUNTY** MARYLAND Erot b. CITY OR TOWN [If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) - PHOENIX. Lr_{FE} d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON THE FARM? DUDDINGTON. NAME OF First Middle 4. DATE Yeor OF DEATH HENRY CARROLL (Type or print) 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bigthday) WIDOWED K DIVORCED [paper QOO. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) KETTRED NVESTMENT BANKER RALTIMORE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME GARROLL LOUISA TILGHMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. IXES, no. or unknown) J. MARTIN McDonough - PHOENIX. MD. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayol, PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) icale 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour p. m Not while of work of work X-5 , 19.6 , that I lost saw the deceosed 21. I certify that I oftended the deceased from and that death occurred at 8 A. M. from the causes and on the date stated above. PHYSICIAN'S NAME (Type) 22o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) pode REMOVAL (Specify) *IMMANUEL* CEMETERY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24n, REC'D BY REGISTRAR VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

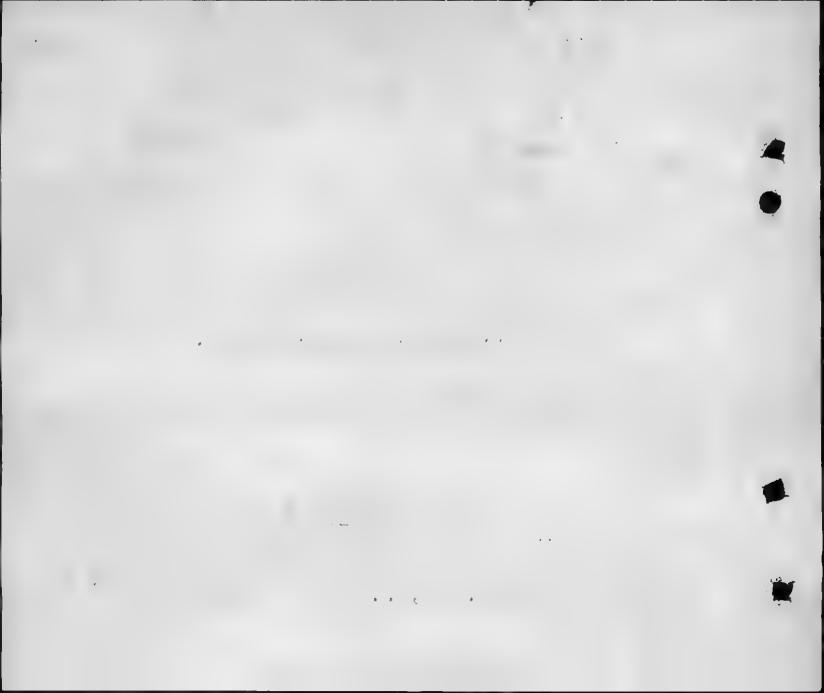


301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edim ssion) is ne.

director. Pe.

voer files.

Health, e. COUNTY e. STATE **b.** COUNTY Baltimore Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest fown, Bal timore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, g ve streat eddress) STREET ADDRESS e. IS RESIDENCE for Boar ON A FARM? ā INN YES NO K State NAME OF Middle Last 4. DATE Year DECEASED OF (Type or print) DEATH JOSEPH 61 GEORGE 19 CARTSO August pe AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED last birthday) 5 mmy of 2 with Months Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRIHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? il in Item 18, Give Pages 1, 2, ong with form PM3. Page 5 ansit permit, File pages 1 and in any event within 72 h dona during most of working life, avan if ratired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 Address (Yes, no, or unknwn) | (Ifyes give wer or detas of sarvice) 1a 44 B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along w burial-transit po INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Arteriosclerotic Cardiovascular Disease. IMMEDIATE CAUSE (6) in pencil DUE TO Conditions, if any, which (b) gave risa to immediate cause U 40 **DUE TO** Essaminer's e used as (e), stating the undarlying Ь cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? word 20,0 Medical (C) NO F Pinous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of dam IB) 20a. EXTERNAL CAUSE WAS the Care 3 s. burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. D to co 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Yaar (Courty) fectory, streat, offica bldg., atc.) Walla Not While at work at work prior OR 21, I certify that I took charge of the remains described above, held an Autopsy 0 Inspection execute the certific uld be forwarded I Natural causes Accident Suicide Homic'de Undetermined manner death resulted from. CHIEF MEDICAL EXAMINER slould be forwer its designated a ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. Add NAME (Type) Address (Straet, city, town, or county) 9989 1 22d. AOCAT ON (City, town, or country) 22a, BUR.AL, CREMATION, 22b, DATE THEREOF (State) REMOVAL (Specify) Z40 p JRIG 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR FUNERAL DIRECTOR VS. AISME 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8818 **CERTIFICATE OF DEATH** Rea. Dist. No. the funeral director, should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) insettles Cural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS (ural) OR INSTITUTION NAME OF First -Middle Lost 4. DATE Month DECEASED (Type or print) MACABEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours last birthday) Months DIVORCED WIDOWED √yrs Comp 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Puo 13. FATHER'S NAME MOTHER'S MAIDEN NAME physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o **DUE TO** å Conditions, if any, which gned gave rise to immediate **DUE TO** cottse (a), stating the underlying cause last buriol-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY hos 20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) rtificate OR CONTRIBUTING | CAUSE OF DEATH S 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, Doy, Year 20d. INJURY OCCURRED 20f. (City-or-town) (County) Hour o.m. foctory, street, office bldg; "atc.)" While. Not while of work of work p. m. 壬 ATTENDING hospit 21. I certify that I attended the deceased from that I last saw the deceased alive an M, from the causes and an the date stated above. and That death ADDRESS (Street, city or town, state) PIRECT **ACTUAL** prior SIGNATURE O O PHYTICIAN egistror NAME (Type FUNE ന 220. BURIAL GREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24Ь. REGISTRAR'S SIGNATURE

15M 9/55

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

Day

Days

YES NO

Year

196

Min

(Stote)

DATE SIGNED

(Stote)

arthur & House

²61

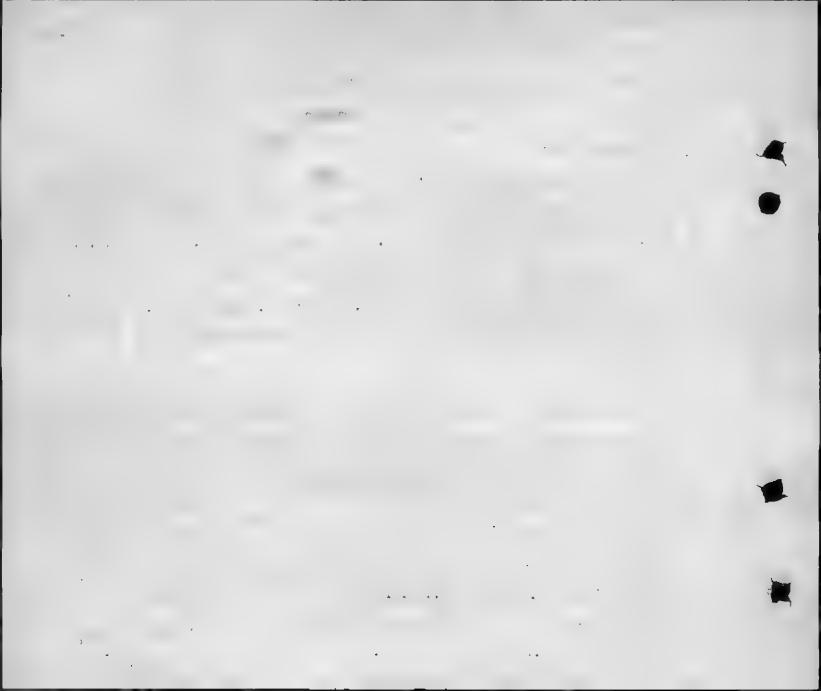


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2219 Ren. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. IENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TON5 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Month Yeor DECEASED OF DEATH 195 (Type or print) 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys WIDOWED -DIVORCED T 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY [1] BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME COK IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19 WAS AUTOPSY PERFORMED? YES NO D 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Hour o.m. Not while of work of work 19.6/ 10 aug 8 21. I certify that I attended the deceased fram live quart 1961 that I lost saw the deceased , and that death accurred at 2: 45 AM, from the causes and an the date stated above. alive on DATE SIGNED ADDRESS (Street, city or town, stole) DIRECT ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Collar & France CADATE AUG 11'61





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 223 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, If institution: Residence before admission] a. COUNTY Page irector. Page your files. rd of Heetth. New Jersey b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (I outside corporate lim'ts, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m ts, write RURAL and give nearest town) write RURAL and give neerest town) 174.3 Baltimore Dak I Vn ip je d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 8200 Pulaski Highway 118 E. Holly Street (6)YES NO X 3. NAME OF 4. DATE Month DECEASED (Type or print) A. COADY DEATH 1961 HARRY 2 with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months Deys Hours Sept. 29. 1905 WIDOWED DIVORCED [Male White 797 10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Give Pages 1, 2, orm PM3. Page 5 File pages 1 and year, within 72 h 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesman Philadelphia, Penna. Joseph Dixon Co. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Coady Lillian Auchenlic 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Oaklyn. N. J. (Yes, no, or unkown) [(Ifyes give wer or detes of service) Mrs. Margaret T. Coady 118 E. Holly Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), "in pencit in Office along v INTERVAL BETWEEN ONSET AND DEATH . PART I. DEATH WAS CAUSED BY. . Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) **DUE TO** Conditions, if env. which gave rise to immediata cause 10 W DUE TO (a), sleting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION the word Medical Ex should be PERFORMED? NO C 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, IEnter nature of injury in Part I or Part II of Iem 18.1 PRIMARY [or CONTRIBUTING [CAUSE OF DEATH. e Chief / Page 3 s Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Homa, farm, ; 20f. [City or town) (County) (Steta) factory, street, office bldg., atc.) While Not While Hour a.m. O.R. P at work [at work 重 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X 0 Inquiry and in my op.nion DIRECT death resulted from: Natural causes X. Homicide [Undetermined manner Accident Suicide CHIEF MEDICAL EXAMINER ecute the ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 8_19_61 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) William W. Lovitt, JY., M.D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMAT ON, 22b, DATE THEREOF 7 22d. LOCATION (City, Jown, or country) (State) REMOVAL (Specify) 240 g Locustwood Memorial Park | Earlston, New Jersey Burial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Lilly & Zeiler Inc., 1901 Eastern Ave. 5M 9/60 Cithur & Kons





MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edm ssign) e. COUNTY **b.** COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete I m ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete I mils, write RURAL and give nearest fown) write RURAL and give nearest town) Baltimore Fort Howard 3 Days d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO YT 1202 Myrtle Avenue Veterans Administration Hospital DATE Month DECEASED OF DEATH 19 61 (Type or print) COLLINS 9. AGE (in years (IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 1 8. DATE OF BIRTH lest birthday) | Months Male Colored 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Railroad Casanova, Virginia Porter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary V. Burner John Mann 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | [If yes give wer or deles of service] Clin.Rec.VAH, Balto.18, Md.Ft. Howard Division WHERVAL BETWEEN 226-18-2855 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. L DAYS IMMEDIATE CAUSE (e) BILATERAL BRONCHO PNEUMONTA KNEXT X (b) GENERALIZED ARTERIOSCLEROSIS UNKINOWN Conditions, if eny which geve rise to immediate cause **DUE TO** (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY PERFORMED? YES NO TUBERCULOSIS, RIGHT APEX. CYSTITIS. 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I. of item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (State) 20c. TIME OF INJJRY Month, Day, Year 20d, INJURY OCCURRED 20 . PLACE OF NIJRY (Home, farm, 201, (City or town) fectory, street, office bldg., etc.) While Not While 21. I certify that (1) (this hospita) attended the deceased from 8/15/. . 19 61 , and that death occurred at saw the deceased alive on .. . 8/18/ 22b. DATE 22e. SIGNATURE SIGNED ATTENDING /61 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

.5 7 Pages ed mplet pape remove peen certificate har ruse as the t DIRECTOR 高 0 VR A15 (4) 15M 9/60

funeral

by the and 2 death.

Burial 24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

230. BURIAL, CREMATION, 236. DATE THEREOF | 236. NAME OF CEMETERY OR CREMATORY Baltimore National

Charles E. Rowan, M.D.

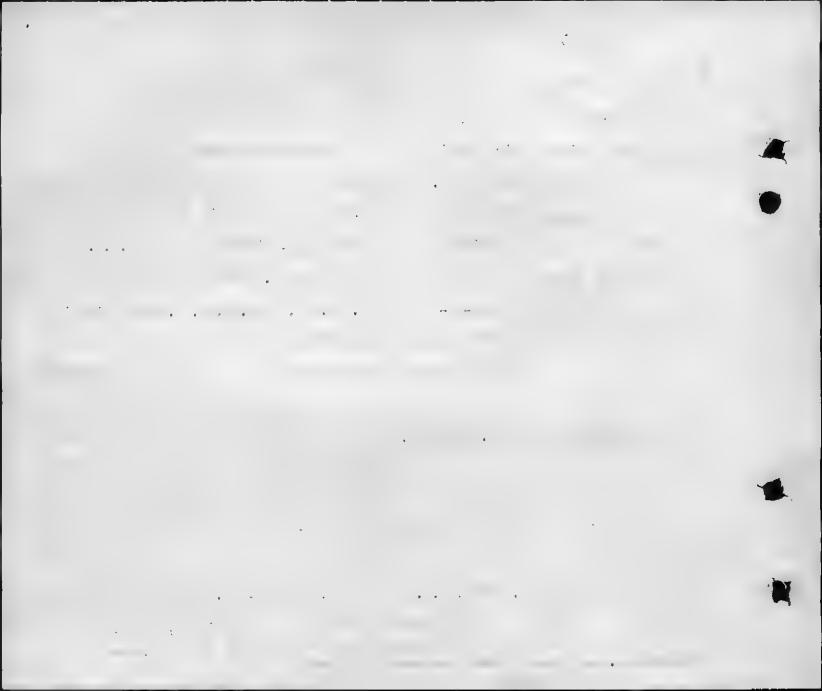
8-23-61

Baltimore. Maryland 25e REC D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

VAH, BALTO.18, MD. FORT HOWARD DIVISION

23d. LOCATION (City, town or county)

802 Madison Avenue Charles R. Law Funeral Home Baltimore, Maryland 21 '61 Mithur & Kraus



8824

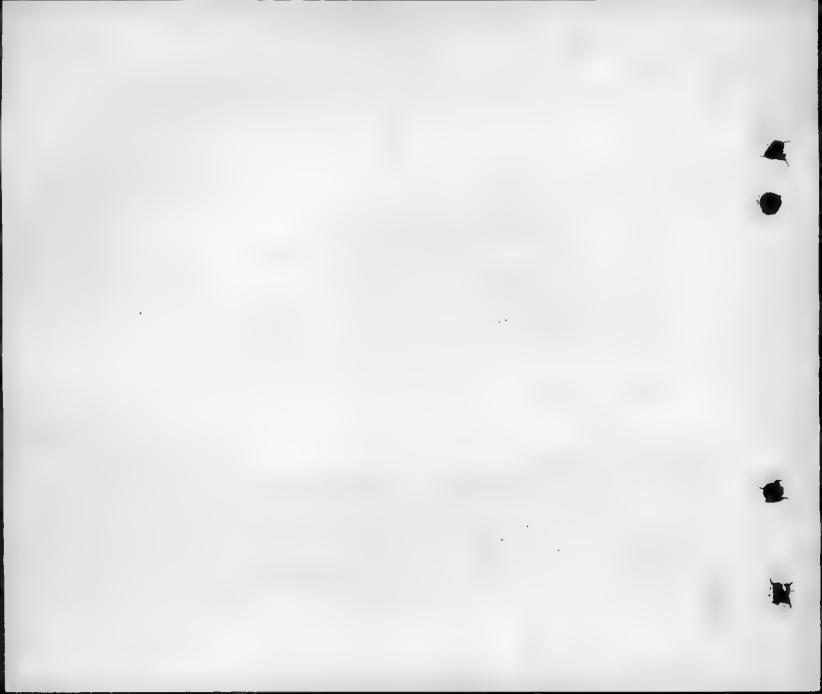
08817

1		PLACE OF DEATH		NCE (Where deceased lived.		before admission)
IJ	١	BALTIN OPE MARYLAND	o. STATE	ev/ and	COUNTY BALL	TIMORE
	l	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	CITY OR TO	WN (If outside corporate lim	its, write RURAL and giv	e nearest town)
		RURAL and give ineorest town) AROUTUS IVR.	XA	8hutus		
		NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADI	DRESS		e. IS RESIDENCE
1		OR INSTITUTION	11115	Cipal & T	181.15	YES NO Z
	3 1	NAME OF First Middle	0 10	4. DATE	7100	
1		NAME OF (Type or print)	onnel	OF	1494ST	/8, 196/
	5 5	6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		(In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	1	TEMALE WHITE WIDOWED DIVORCED	SEPT. 1	9 1873	yrs. Months D	lays Hours Min.
	10a	USUAL OCCUPATION (Give land of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or foreign country)	12.CITIZE	N OF WHAT COUNTRY?
		Housewite Domestic	14	april and	U	5.A.
_	13.	FATHER'S NAME	14 MOTHER'S N	MAIDEN NAME		
Γ		Unknown	1	In Know	.)	
5	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
	[Yes	NonE	GLEN D	IERING /14	15- Gircl	E DRIVE
		18. CAUSE OF DEATH [Enter only one couse per riggior (o), (b), and (c).]		. \		INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY: LOCKELY OL	Tascul	an accell	£ 1	ONSET AND DEATH
		(/)) DUE TO	19		No. 11	
		Condition it are which				
		gove rise to immediate DUE TO	2	como		1-11.
		twing cours last	Kon 3	CIAOM DO		2 also
	z I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO I	THE TERMINAL DISEASE CONT	IT ON GIVEN IN PART	In IP WAS AUTOPSY
	CATION	The office of the control of the con	THE RESILES TO 1	THE PERMITTING COURSE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
	FIC	200 ACCIDENT WAS UNDERLYING 206, DESCRIBE HOW INJURY OCCURRE	ED (Feter enture of	rejume in Part Lor Part II of it	am IR)	YES NO
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	.b. (tiller librare of	inquey in 1001 for 1001 it of the	un rung	
	MEDICAL			ome, farm, 20f (City or tow	n) (Co	unity) (Stote)
	AED	Hour o.m. While Notwhile to p.m. 19 of work of work ☐	ctory, street, office b	bldg, etc }		
1/15/				- 10 - (111	11 18 106	/ H=4.0\(1\) 1 .\(1\) 1
		21. I certify that (I) (this haspital) attended the deceased fram.	2 2	a 3 30 M, from the &		., that (I) (we) last
		saw the deceased alive an Land 19/01, and that a	death accurred	are with the c	duses and an the	/ 22b, DATE
		Homer Le Toda	M D. ATTENDING	MED STAL	ff 🗆 💆	8/6/ SIGNED
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRES	50810	0 61	
ì		(1) per	dil.	0 & DL- 100	LX Z) I	
- Part	230	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCAT ON (C	lity, town, or county)	(State)
1	-	BURIAL 8-21-61 WESTE	RN	BALTI	MORE	Md
1	24_	FUNERAL DIRECTOR'S SIGNATURE REDUSTAL APPRESSUE		250 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	NATURE
	6	Go. C. Schwale The State of St	40	DAMUG 9 1 '61	at . 2 40	

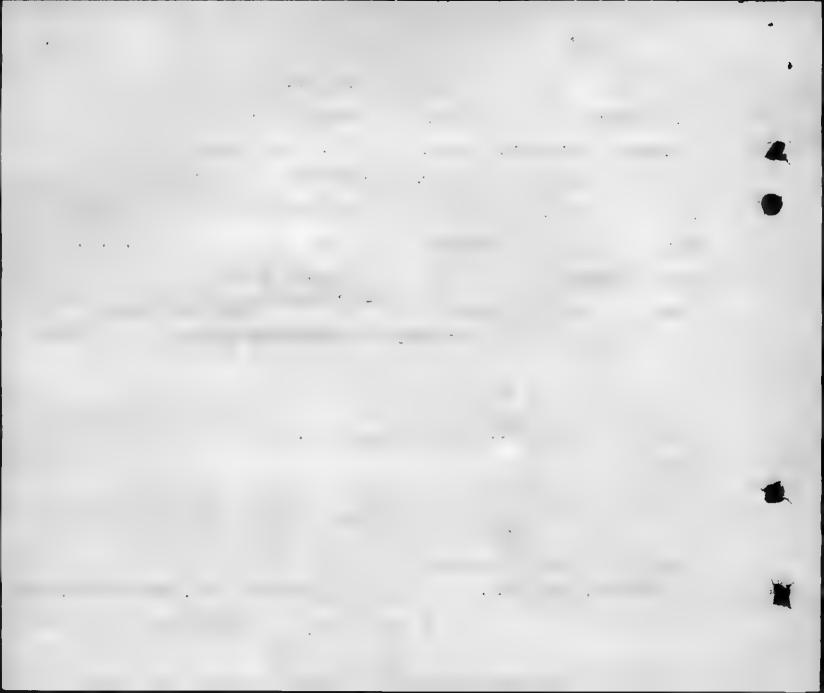
y filled by the funeral director, ages 1 and 2 shavid be filed with hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be not by the haspital attending physician.

TO FUNEXALL DIRECTOR: After 1 entiticate has been signed by the attending physician and cam: page 3 should be detached for use as the bunal-transit permit. Then please remaye carban papers in ages the State Board of Health prior to burial, cremation, im removal, and in any event, within 72 haurs after death attending physician. Terrificate has been signed by the attending physician and camt as the bur attransit permit. Then please remave carbon paper

TO FUNE VR A15 (4) 1SM 9/59



• 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8825 CERTIFICATE OF DEATH
ithin 24 hours are illed in by the funerages I and 2 should re after death.	()	1. PLACE OF DEATH e. COUNTY Baltimore b. COUNTY C. LENGTH OF STAY IN 1b write RURAL end give nearest town) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) 2. USUAL RESIDENCE (Where decesed lived, if institution: Residence before admission) b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b write RURAL end give nearest town) Baltimore d. STREET ADDRESS l. IS RESIDENCE ON A FARM?
omplete		Veterans Administration Hospital 3. Name of DECEASED (Type or print) 5. SEX 5. SEX 5. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 5. SEX 5. SEX 5. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR HOUSE MARRIED NEVER MARRI
of physician passe remove care in any event, w		Male White WIDOWED DIVORCED January 6, 1902 59 yrs. Months Days Hours Min. 10a. USJAL OCCUPATION (Give kind of work done during most of working life, evan if retired) Chef 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
CIAN: The live mequires that the death pital or attending physician. Ificate has been signed by the attending as the burial-transit permit. Then pleas to burial, cremation, or removal, and it		Michael Cornecelli 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hyosolvewerordelesofservice) Yes
TO HOLY ALL OR ALTENDING PEVENT Adeath, 1994 and he bos of death, 1994 and be retained to the bos of director, page 3 should be detached for use of be filed with the State Dept. of Health prior	1	20. ACC DENT WAS JNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of in ury in Pert I or Pert I. of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 While et work with the deceased from May 3. 1001, In August 8. 19.61, that (F) (we) last saw the deceased alive on. August 8. 19.61, and that death occured al.p. M, from the causes and on the date stated above. 22c. SIGNALURE 22c. PHYS CTANA 12c.

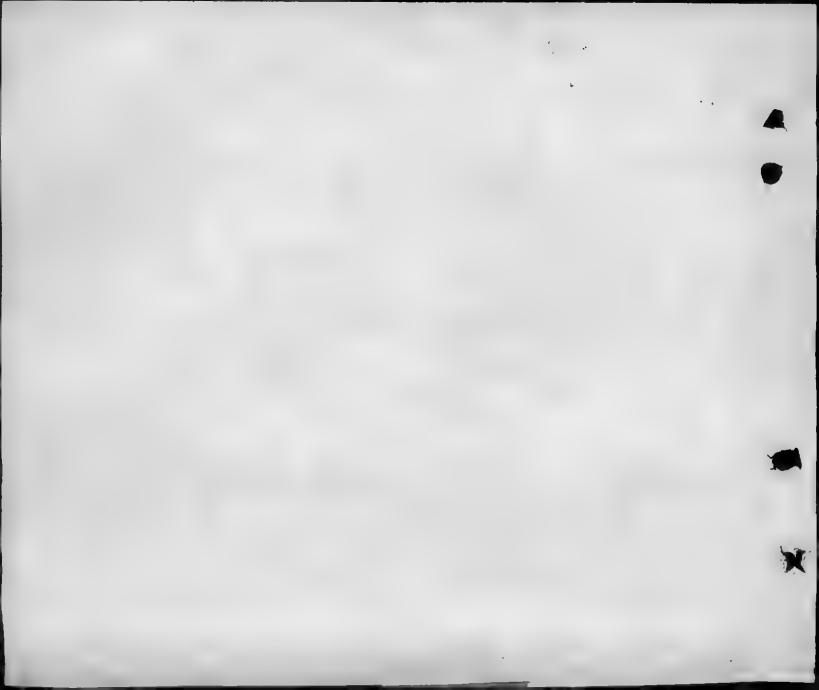


ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed I ved, if institution, Rasidence before admission) e. COUNTY MARYLAND b. CUY OR TOWN (if outside corporate I mits, (4 outs de corporete imits, write RURAL end g ve neerest town) c. LENGTH OF STAY IN TH <u>۾</u> Write RURAL and give neerest lown) a. IS RES DENCE ON A FARM? YES NO NAME OF paper omplet DECEASED OF (Type or print) DEATH COLOR OR RACE IF UNDER 24 HRS. AGE (In years jast birthday) Months WIRO WED physician 10a. USUAL OCCUPATION (Give kind of work remove or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unxown) (Ifyesgive war or datas of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to Immediate cause DUE TO (e), stelling the underlying causa lest. PART B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, lenter natura of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm. 2Df. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work al work [may be retain 21. I certify that (i) (this hospite) attended the deceased from Sec. to Que 1 196.1, that (1) (40) last saw the deceased alive on... DATE 22a. SIGNATURE ATTENDING **STAFF** SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSIC AN'S NAME (Type) 22d. ADDRESS NAME OF CEMETERY OR CREMATORY OH **VR A15 (4)** 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution; Residence before admission) cour files. a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and dive nearest town) write RJRAL and give nearest town) d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) Boar jo e. IS RESIDENCE ON A FARM? State YES NO [death. 3. NAME OF F rst Middle Year DECEASED OF the (Type or print) DEATH wilh 6. COLOR OR RACE T, MARRIED THEVER MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR. 2 will last birthday) Months Days and 2 WIDOWED [DIVORCED IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE foreign country) 1 12. CITIZEN OF WHAT COUNTRY? in Item 18. Give Pages 1, 2 na with form PM3. Page done during most of working life, even if reffred) pages 1 within 13. FATHER'S NAME 14. MOTHER'S-MAIDEN NAME 三 event 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. I (Yes, no, or unkown) | (Ifyasg vawarepdatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p .E ONSET AND DEATH PART I, DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) **DUE TO** Falling into gravel pit 30 feet deep, filled Conditions, if any, which (b) with water gave rise to immediate cause N 60 DUE TO (a), stating the underlying 50 6 nseq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 YES DO NO Medical pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | from crane into gravel pit about 30 feet deep, while buria. CAUSE OF DEATH. working at smuch & Sons Sand & Gravel Company, and drowned vriting Chief / please execute the certificals, writing 4 should be forwarded to the Chief O FUNERAL DIRECTOR: Page 3 or its designated agent, prior to but y, Year | 20d. NURY OCCURRED 2Da. PLACE OF INJURY (Homa, Iarm, 20f. [City or town) | While | Not While | Sand &Gravel Co. Baltimore 27 [County] Ferry Month, Dey, Year (State) 21 I certify that I took charge of the remains described above, held an Autonsy Inspection > Douiry and in my opinion death resulted from. Homicide Undetermined manner Natural causes Accident X Suicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, fown, or country) (State) REMOVAL (Specify) Q 4 Q 24m, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE PENNERAL DIRECTOR Cilar S. Kraus VS. A15ME 5M 7/59 0

Items 18&20 Film 295 MARYEANDESTATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH **ESTON STREET, BALTIMORE 1. MARYLAND** CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decaased tived, it institution; Residence before admission) Baltimore b. COUNTY Maryland MARYLAND Dalto. b. CITY OR TOWN (if outside corporate I mits. c CITY OR TOWN (If outs de corporete imits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) 4 Days E Fort Howard Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO T Veterans Administration Hospital 3014 Wells Road 3. NAME OF 4. DATE Day Yaar DECEASED (Typa or print) DESTH 19 EDGAR R. CROOP August 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8 DATE OF BIRTH last birthday) Male White WIDOWED [DIVORCED [October 10a. USUAL OCCUPATION (GIVE kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State or fore gn country) dona during most of working lifa, aven if retirad) Scranton, Pennsylvania Merchanic Transit Company U. S. A. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME aftending 릔 Oliver Croop Emma Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records, VAH, Baltimore 18, Maryland HOWARD DIVISION 18. CRUSE OF DEATH [Enter only one cousa par line f. (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ACUTE SUPPURATIVE PERITONITIS IMMEDIATE CAUSE (a) DUE TO PERFORATIONS, GANGRENOUS BOWEL RECENT (b) gava rise lo immadiala causa METASTATIC ADENOCARCINOMA, PERITONEUM AND LIVER Unknown DUE TO (a), stating the underlying causa fast. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? NO F 2Db. DESCRIBE HOW NJURY OCCURED. (Enter nature of injury in Part | or Part |) of itam 18 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER (County) (State) 20c. TIME OF INJURY 20d NJJRY OCCURRED 2De. PLACE OF INJURY (Home, farm 20f, (City or lown) While Not While factory, straet, offica bldg., etc.) Hour a.m. at work p.m. to August 1 1961 that (N (we) last 21. I certify that x!) (this hospital) attended the deceased from... 0 1961, and that death occurred at 30 M, from the causes and on the date stated above. saw the deceased alive on August ate 22b. DATE SIGNATURE. SIGNED 61 ATTENDING DIRECTOR PHY5. PHYS. M.D. 22c. PHYSICIANS 22d. ADDRESS CRAHAN, M. D. VAH, BAITIMORE 18, MARYLAND, FT. HOWARD DIV. 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 1961 Oak Lawn Cemetery Baltimore, Maryland 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) AUG 3 15M 9/60 John J. Duda, 7922 Wise Avenue, Balto. 22, Md.

þ

+ 1. នេយា៖

	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS,	301 W. PRESTON STRE	EET, BALTIMORE 1, A	MARYLAND
_	8829	CERTIFICATE	OF DEATH		08822
	PLACE OF DEATH S. COUNTY Baltimore	MARYLAND	a. STATE ///d.	ra deceased lived, If institution: b. COUNTY	Rasidence before admission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest form) atonswile d. NAME OF HOSP, TA, OR INSTITUTION (fine) in h Rideeway Manor Nursi	c LENGTH OF STAY IN 16 ospital give street eddress no. Home	Baltimore Baltimore Baltimore Baltimore Baltimore Baltimore	corporale Limits, write RJRAL as	o. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) // Wr. Cilliam	Thomas Cu	LLET	TE Month August	28th 19 61
_	1110000	HED NEVER MARRIED 8. VED DIVORCED 7 KIND OF BUSINESS OR INDUSTRY	DATE OF BIRTH -24-1875 11. BI JERPLACE (County & State	9. AGE (In Yours IF JNDER Jast bridge) Months Of yrs.	The same of the sa
do	Ret Printer. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAME	, or rough country) 12. Si	USA
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16, 5, no, or unkown) 11/19esgivewar ordeles of service)	11	Mary Flash	U Address	1
	18. CAUSE OF DEATH [Enter only one cause pe PART I, DEATH WAS CAUSED BY	r line for (e), (b), end (c).)		4417 Furley.	QNSET AND DEATH
	Conditions, if eny, which (b) geve rise to immediate cause (a), stelling the underlying	riosclerotic ca	rdiovascular dis	eas e	5 yrs
ICATION	PART II. OTHER S.GN FICANT CONDIT ONS			•	RT 1(a) 19. WAS AJTOPSY PERFORMED?
L CERTIF	206 ACCIDENT WAS UNDERLYING [] 206. D OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	ESCRIBE HOW INJURY OCCURED.	(Enter nature of anjury in Part I or P	arf I of Item Iti)	_
MEDICA	Hour a.m. Wh	ork al work	ry, street, office bldg., etc.)		unty] (Stete)
	21. I certify that (I) (this hospital) attesting the deceased affive on .8/28/6		6/12		
	22c. PHYSICIAN'S	wale M	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS.	8/28/61 DATE
	Thos. E. Roach, M.D.		5550 Balto Nat	l Pike., Balto-	FFERENCE IN THE
234	REMOYAL (Specify) 8-31-61 FUNERAL DIRECTOR'S SIGNATURE	Parkwood (emetery	Boltimore, 19 Egistrar 256 REGISTRAR'S	1d
	Leonard J. Ruck 5305	Harford Road	#14 DATE AUG 3		S. Kraya

Il a co co sale

PRESTON STREET, BALTIMORE 1, MARYLAND ENGLE Cd. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admiss on) e COUNTY **b.** COUNTY MARYLAND b, CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give heerest town) Erwall d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g verstreet address) e. IS RESIDENCE ON A FARM YES NO NAME OF DERIVE THE REAL PROPERTY. OF [Type or print] DEATH 19 IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RAC NEVER MARRIED fest birthdey) (Months Hours WIDOWED D USUAL OCCUPATION (Give kind of work physician NO. KIND OF BUSINESS OR it toreign country) 12. CITIZEN OF WHAT COUNTRY? MATDEN NAME please attending Address hen 0 INTERVAL BETY EEN ONSET AND DEATH peubis IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which (6) geve rise to immediate cause **DUE TO** (e), stating the underlying ceuse lest. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY certificate PERFORMED? as NO -206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from... .19, and that death occured at..... ... M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D 22d ADDRES 23d, LOCATION (City, town or county) BURIAL, CREMATION, 236, DATE THEREO 23c.) NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) OH FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE DEATH OF

1. PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where daceesad livad, If Institution: Rasidence before admission)
Beltimore MARYLAND	a. STATE Maryland b. COUNTY -
b. CITY Up. OWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town)
Fort Howard 118 Days	Baltimore 17
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress)	d STREET ADDRESS a. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	1330 N. Carey Street
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
	DIGGS, JR. DEATH August 9 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B	DATE OF BIRTH .9. AGE (In yaers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Negro WIDOWED DIVORCED	July 19,1915 Hours Min.
10e USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)	Y 11. BRTHPLACE (County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
Janitor Coast Guard Yard	d Baltimore, Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milton Diggs	Maude Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [Hyesgivewarordatasofsarvica]	Mical Records, VAH, Baltimore 18, Maryland
Yes WW II 217-05-6136	FORT HOWARD DIVISION
18. CAUSE OF DEATH (Enter only one cause per line for (a), ,b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RETICULUM CELL SAR	COMA WITH METASTASIS TO THE 9 MONTHS
A XXXX LIVER	
Conditions, if any, which (b)	
geve rise to immediate cause (e), stating the undarlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
I S S S S S S S S S S S S S S S S S S S	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO COURTED OR CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CHIEF THERE, NOTIFY MEDICAL EXAMINER;	. (Enter natura of in ury in Part I or Part II of Itam IB.)
(CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While st work et work	y y many on an aragin ora ;
21. I certify that (this hospital) attended the deceased from	April 13 4861, to August 9 , 1961, that (x) (we) last
	death occured at
220. SIGNATURE	, ATTENDING MED STAFF 22b. DATE
Harris Craham M	D. PHYS. DRECTOR PHYS. x 8/9/61
22c. PHYSICIAN NAME (Type TO THE TOTAL AND THE TENTH OF T	22d, ADDRESS
THOMAS F. CRAHAN, M.D.	VAH, BALTIMORE 18, MD., FT. HOWARD DIVISION
238. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) . (Stata)
Burial 9/14/61 Baltimore	National Cem. Baltimore 28, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE APPRISS N. CB	Thoun St. 250. REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
George G. Kelson Funeral Home Baltimore	

then please canon complemy filled in by the funeral Then please canone carbon papers. Pages 1 and 2 should ovel, and in any event, within 72 hours after death. within 24 hours after execu TO HOSSITAL OR ATTEMPTAGE PHYSICIAN: The law requires that the death certificate death the death certificate of death the death certificate is death. DIRECTOR this certificate has been signed by the attending physician director, page 3 should be deached for use as the burial-transit permit. Then please amove a be filed with the State Dept. of Health prior to burial, cremation, or removal, and meny event 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
S32 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

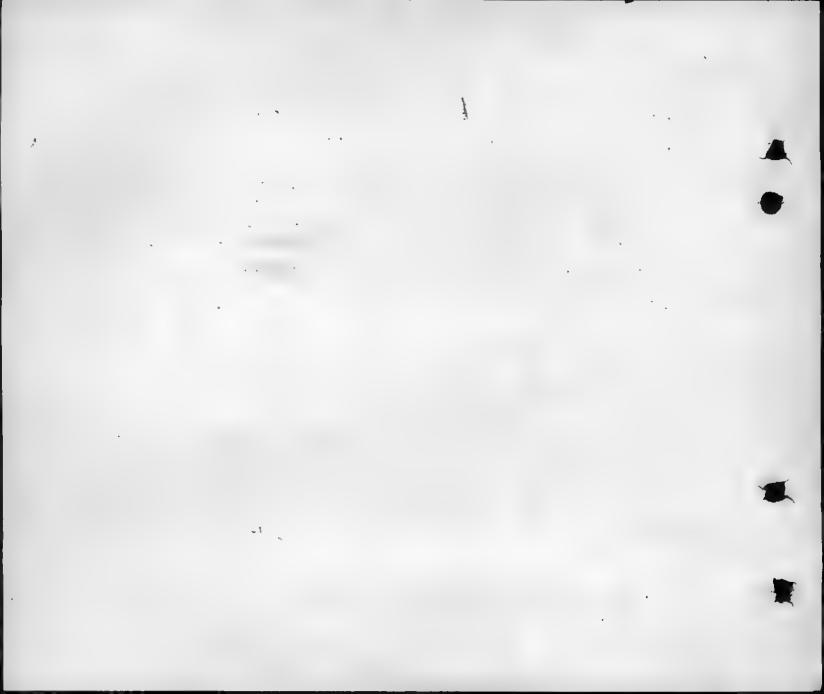
48825

1	1	PLACE OF DEATH D. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) p. STATE b. COUNTY
1/		Baltimore	mary and participation
	l t	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)	c. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town)
	L.,	ft. Hilson Harvland . Cary	Ballinure 30
7		d. NAME OF HOSPITAL (If nat in hospital, give street address)	d STREET ADDRESS
7		ORINSTITUTION Ut. Vilson State Mospital	1633 Clarius on Street VES NO
	3	NAME OF DECEASED CLIA DI DE First DILCE DA MIDDLE	Last 4. DATE Manth TU Spay Year
	((Type or print) LHAKLES KUSSELL D	KISCOLL DEATH HUGY 1901
	S. 5	The state of the s	B. DATE OF BIRTH () 9. AGE fin years UNDER 1 YEAR IF UNDER 24 HRS last birthday Months Days Haurs Min.
		ALR WILDOWED DIVORCED	4. 23. 4.0 (1840) 70 yrs
	10a	LESUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-	STRY 11. BIRTHP ACE AS ALL STREET COUNTRY?
:	Λ	rachine operator TACK MFG.	Massachus atti /A USA
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1	DENNIS DRISCOLL	MARIAGNESMITH
1			NFORMANT Address
	(101		ospital Records, Mt. Wilson State Mos Ital
		IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	A INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY:	of last moderate to loss of onset and Death
		IMMEDIATE CAUSE (0)	1 hours and and all 1
		DUE TO	
		Conditions, if ony, which) (b)	
		gave rise to immediate couse (a), stating the under-	
		lying cause last. (c)	
	Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	ATK	Diabeter mellition 1270	MI CORONACIO ACIDACIÓN DEL YEST NO DEL
h.	FIC	20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port (or fort II of item IB.)
)	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2. (2.10.1.00.0.0.1.1.1.1.1.1.1.0.0.0.0.0.0.
	MEDICAL		ACE OF INJURY (Home, form, 20f. (City ar town) (County) (State)
	EDI	AAURE IAOI MUITE	ctory, street, office bldg , etc.)
	×	p. m. 17 at wark of work of 21 1 certify that (1) (this haspital) attended the deceased fram	7-19 1961, to 8 1 1961, that (1) (we) last
		sow the deceased alive an	10.110
		220 SIGNATURE	Pan 22b, DATE
		Millercomes	M.D PHYS. DIRECTOR PHYS B . 1. 1989
		22c PMYS,CIAN'S NAME (Type)	22d. ADDRESS
		n. Newcolor, I.D. Superintendent	114. Lilson State Mas. ital, 1t. ilson, J
	23a	BUR AL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY O	
	8	REMOVAL (Specify) AUG-5-1921 CRPAR HIL	6 Cam Brooksun AACO, ma
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS / CO	S 250 REC'D BY REGISTRAR 256 REGISTRAR'S S GNATURE
	A.	HOWARD EVBYS SCH CHILLES	24 478 30 OAREST AUG 3 '61 arily & Flyns

Flaurs ofter death Page 4 and 2 should be filed with filled ges 1 d O HOSRIPS OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemuted within 2m imay be the baseline distribution of attending physician.

O FUNERAL CIRECTOR: After 1 entiticate has been signed by the attending physician and compage 3 should be detached far C.R as the burial-transit permit. Then please remaye carbon papers— tiges 1 the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death.

TO HOSRITAS may be TO FUNERAL VR A35 (4) ISM 9/S9



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before edmission) a. COUNTY b. COUNTY by the MARYLAND TOWN (if autside corporete I mits, c CITY OR TOWN (If outs'da comorete limits, write RURAL end a ve neerest town) e LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in-hospital, give street address) . IS RESIDENCE ON A FARM? YES NO Middle Yaar DECEASED OF (Typa or print) DEATH 19 AGE (In yand IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TINEVER MARRIED Months Devs Hours WIDOWED DIVORCED | 1 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHP, ACE (County & Stets or foreign country) dage during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME ple 15. WAS DECEASED EVER IN U.S ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which [b gave rise to Immediate cause DUE TO (e), stating the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 1 19. WAS AUTOPSY PERFORMED? NO [2Db. DESCRIBE HOW INJURY OCCURED, (Enter na use of injury in Pert I or Pert I of item 18.) 2De ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY (County) (Stete) Month, Dey, Yaer fectory, street, office bidg., etc.] While Not While Hour a.m. at work at work ..., that (I) (****) last 21. I certify that (I) (this hospital) attended the deceased from..... 19. 41, and that death occurred at Q.AM, from the causes and on the date stated above saw the deceased alive on. 22b. DATE ATTENDING. STAFF PHYS. DIRECTOR PHYS 22d. ADDRESS 23d LOCATION (City, tow 23a, BURIAL, CREMATION 123b, DATE CEMETERY OR CREMATORY B or county) MOVAL (Specify ã Ğ 0 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORIA VR A15 (4) arthur S. Krans 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution; Residence before admission) a. COUNTY **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I m'ts, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nagrast town) c. LENGTH OF STAY IN 16 Fort Howard 89 days Baltimore 17 d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, giva street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? Veterans Administration Hospital YES NO T 1610 Harlem Avenue 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 1961 August DUNHAM 5 SEX 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH last birthday) Months Days Male Negro DIVORCED | April 20, 1888 WIDOWED -10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retirad) Self employed Waterbury, Connecticut Trucking U.S.A. 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME Robert Dunham Charity Burns 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANTCLINICAL Records Addres 900 Loch Raven (Yes, no, or unkown) | (Ifyas give war or dates of sarvice) Yes WW-l Blvd. Balto 18. Md - FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for ,a), (b , and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARRHYTHMIA, ACUTE 1 MINUTE IMMEDIATE CAUSE (a) **DUE TO** ARTERIOSCLEROTIC HEART DISEASE UNKNOWN Conditions, if any, which (b) gava risa to immediate causa DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY PERFORMED? NO X HYPERTERSIVE CARDIOVASCULAR DISEASE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) , 205. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Stata) factory, street, office bidg , etc.) While Not While Hour a.m. at work a! work 21. | certify that (this hospital) attended the deceased from May 12. ... 1. 1861. to August .. 9. ..., 1861., that 10 (we) last saw the deceased elive on August 9 19.61, and that death occurred at P.M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE /18/61 DIRECTOR PHYS. PHYS, 22d. ADDRESS 22c. PHYSICIAN NAME (TYP Balto 18, Md. Fort Howard Division THOMAS F. CRAHAN 1 23d. LOCATION (City, town or county) 238. BUR AL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

with 1 director, be filed 0 VR A15 (4)

funeral

12 t

physician

attending ph Then please r

the

гещоме

24 FUNERAL DIRECTOR'S SIGNATU 15M 9/60

REMOVAL (Spec ly)

1011 N. Arlington Ave. Baltimore. Maryland

Baltimore National Cometery Baltimore 28, Maryland 258, REC'D BY REGISTRAR 256, REG STRAR'S SIGNATURE DARUG 11 '61 Circling S. Thorse



72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ロを見りた

	8835	CERTIFICA	ATE OF DEATH	1	(1004)						
1 PLACE OF DEATH b. COUNTY Ba	ltimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryle	where deceased fived if institution b. COBIL	on: Residence before odmission) Limore						
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, writegrest lown)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	f outside corporate limits, write R	URAL and give nearest town)						
Соскеу	SVIIIE	life	XCockeysv:	ille							
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st	reet oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
	onia Ave.		Samonia	Ave.	YES NO						
3. NAME OF DECEASED (Type of print)	Sadie	Middle Schwartz E	ckert	4. DATE Mor	th Day Year 8-1-61 19						
S SEX	6. COLOR OR RACE 7 A	AARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS						
female	white WID	OWED DIVORCED	9-4-1884	lost birthdoy) 76 yrs	Months Doys Hours Min						
10a. USJAL OCCUPATI		106. KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Slot	te or foreign country)	12. CITIZEN OF WHAT COUNTRY						
house		home	Marylan		U.S.A.						
13 FATHER'S NAME	/1122	11000	14. MOTHER'S MAIDEN								
George	Schwartz		Susan F	rank							
IS WAS DECEASED EVE	ER IN J. S ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Add	ress						
[Yes. no, or unknown]	(If yes, give war or dates of service)	none Mi	cs. Geo. H.	Rilay Sn.	above						
	ATH [Enter only one couse p		<u> </u>	111103 901 6	INTERVAL BETWEEN						
1 1	ATH WAS CAUSED BY:	02.1.17	1		ONSET AND DEATH						
Conditions, if of gove rise to it couse (a), stating lying couse lost.	the under-	C-V. R. Sighte	Airean mell	it							
PART II. OT		NS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TER	MINAL D SEASE CONDIT ON GIV	YEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO						
20a ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in	n Port I or Port II of item 18.)	1						
Y 20c TIME OF INJUI Hour o.m. p.m.	w	d. INJURY OCCURRED 20e. hite Not white work of work	PLACE OF INJURY (Home, for factory, street, office bldg., e	rm, 20f. (City or town)	(County) (State						
21. I certify that (I) (this haspital), attended the deceased fram											
saw the decea	saw the deceased alive an .7/31196 / , and that death accurred at 27 M, from the causes and an the date stated above										
220. SIGNATURE	7 , 7				22b, DATE SIGNED						
	1-12-t.	rance		MED STAFF DIRECTOR PHYS	8/2/1						
22c. PHYSICIAN'S NAME (Type)	A.M. 1-	FRANCE	22d. ADDRESS	AKTON M.	4						
230 BURIAL CREMATIC		23¢ NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town,	or county) (State)						
Burial Specify	8-4-61	Jessop Me	ethodist	Sparks, Ma	1.						
24 FUNERAL DIRECTOR		ADDRESS		C'D BY PEGISTPAP 1956 PEGI							

DATEAUG 4

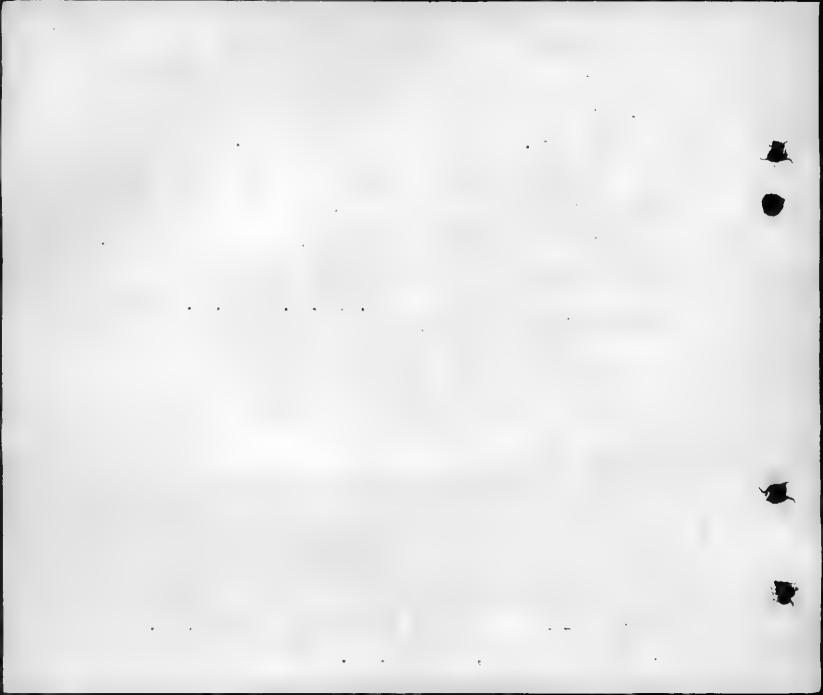
Md.

'61

arthur & King

Brooks Funeral Service, Towson 4,

DEUNERAL MECLOR: After 1985 criticate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remave car the State Baord of Health priar to burial, crematian, or remaval, and in any event, within, moy be ed by the hospits TO HOS VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

8835

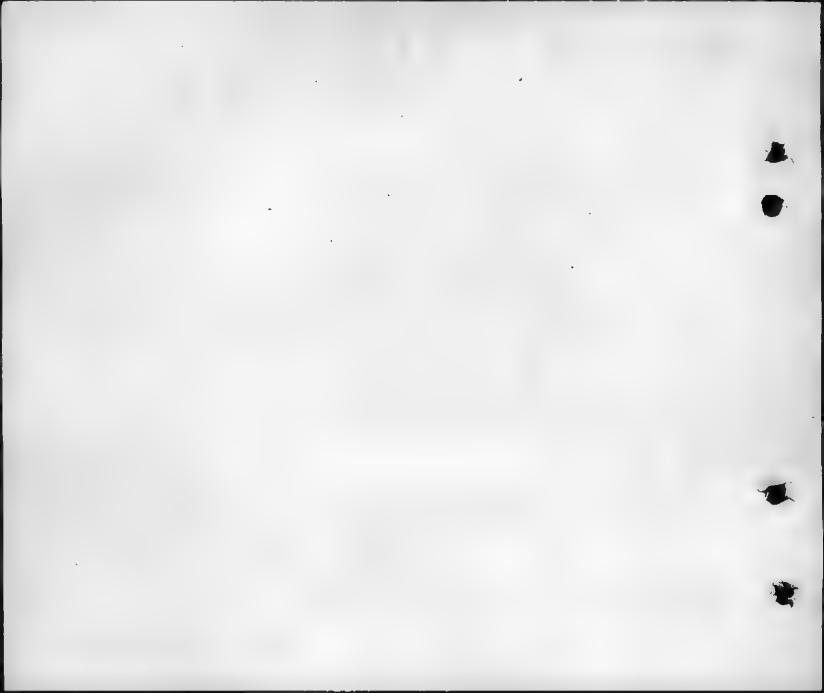
08823

y filled the funeral director, ages 1 and 2 should be filed with 09 TO FUNERAL DIRECTOR: After TO HOSPIT VR A1S (4) 1SM 9/S9

A OR ATTENDING PHYSICIAN: The law requires that the decit certificate be executed within 24 ho

urs after death. Page 4

1						
1	1. PLACE OF DEATH o. COUNTY Bultimove	MARYLAND	2 USUAL RESIDENCE	(Where deceased lived b.	If institution: Residence COUNTY	before admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) = 3	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and giv	re nearest town)
1	Lutherville.	5415 4/2 mo	n. Balt	imore	2	Le soly
, v	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddr ef s)	d STREET ADDRESS	8 41 61	1 01	e IS RESIDENCE ON A FARM?
	College Ma	220r	3703	N.Charl	es st	YES NO
	3 NAME OF DECEASED (Type or print) Tohn	Middle J.	EFF	4. DATE OF DEATH	Manth 49	Day Yeor 196/
	S. SEX 6. COLOR OR RACE 7. MARRI	IED 🗌 NEVER MARRIED 🌋	B. DATE OF BIRTH	9 AGE		YEAR IF UNDER 24 HRS
	male White WIDOWE	D S DIVORCED	NOU3 18	869 91	yrs. Manths D	loys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired)	KIND OF BUSINESS OR INDI	STRY 11 BIRTHPLACE (SI	tote or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	Never Worked		13alt1	more,	Ng.	110,1
\	13. FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME		
)	Herbert EFF		Mary			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	17 - (8)	INFORMANT	< 1 11	Address O / C	1 (1
	NO	100 1/41	es. Chel 1.	Schmist - :	3968 W.C.	harles St.
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	erfor (a), (b), and (c).]				ONSET AND DEATH
	IMMEDIATE CAUSE (o)	neum oned	-			dety
	DUE TO					
	Canditions, if any, which (b)					
	cause (a), stating the under: DUE TO Lying cause last.					
		ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	ERMINAL DISEASE COND	ITION GIVEN IN PART	I(a) 19 WAS AUTOPSY
	PART IF OTHER SIGNIFICANT CONDITIONS C					PERFORMED? YES NO (A)
		RIBE HOW INJURY OCCURR	ED (Enter noture of injury	in Port I or Port II of it	em 1B.}	
	206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		ε.	LACE OF INJURY (Home, toctory, street, office bldg.,	form, 20f. (City or town	n) (Co	eunty) (State)
	Havr a.m. While of wark	Not while	octory, ander, arrice arag.,			_
	21 I certify that (I) (this haspital) attended	ed the deceased fram	No de la Companya de	1866 10_P	count, TP	_, that (I) (we) last
	saw the deceased alive on 8/29	196/ and that	death accurred at	8AM, fram the co	ouses and an the	date stated above
	220 SIGNATURE	Α.	ATTENDING	MED _ STAI	·F	22b.DATE SIGNED
	22c PHYSICIAN S	in IV	M.D. PHYS	DIRECTOR PHY	5. 🗆	<u> </u>
	NAME (Type)		1/ /I	M Mall.	A-84	1 /
	22. Did at Continuous 220 DATE TURBEON	OD ALLES OF CENTERY	- 1/-U-J-	11: Sicrion (<u> </u>	***********
	230 BLR AL, CREMATION 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY	eemer.	72	ily, town, or county)	(State)
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRÉSS	2Sq. F	REC'D BY REGISTRAR	256 REGISTRAR'S SIGN	
-	(Brown & Heath) = 1.	Rock	T Tay D DATE	SEP 1 '61	Circlian d. 1	



MANYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c C.TY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 é write RURAL and give neerest town) Fort Howard 12 Days Baltimore led d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Veterans Administration Hospital 762 Exeter Hall Avenue 3. NAME OF DATE DECEASED OF (Type or print) DEATH DEWEY FSATAS August 28 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 5 SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH last buthday) Months Days Male White WIDOWED 10b. ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Custodian Building Morris Run, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Essias Jane Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war ordates of service) Clinical Records, VAH, Baltimore 18, Md. Ft. Howard 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II, OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0] 19. WAS AUTOPSY as of niabetes Mellitus 205. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I, of item 18.) 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH JE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF NJURY (Home, farm, 20f (City or town) (County) Month, Day, Yeer factory, street, office bldg , etc.) Not While While et work el work 61 to August 28, 1961, that (1) (we) last 21. | certify that (X (this hospital) attended the deceased from August 1961 saw the deceased stope on August and that death occured at M, from the causes and on the date stated above. 220 SIGNATURE M.D., PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type VAH.BALTIMORE 18,MD.,FT.HOWARD THOMAS F. CRAHAN. M.D. director, , 23d. LOCATION (City, fown or county) 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 28, Maryland Baltimore National Cemetery Baltimore Burial 8/31/61 REC'D BY REGISTRAR , 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 HomeBaltimore 7, Md. | DATE AUG 2 9 '61

Funeral

. S RESIDENCE ON A FARM? YES NO

Division

INTERVAL BETWEEN

12 DAYS

UNKWOWN

PERFORMED?

NO X

(Stete)

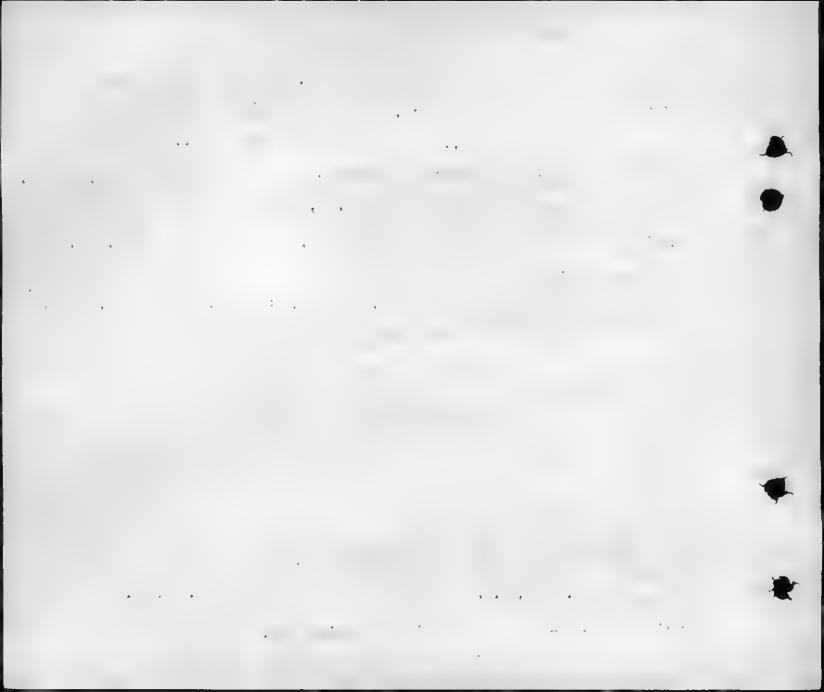
22b. DATE



118831

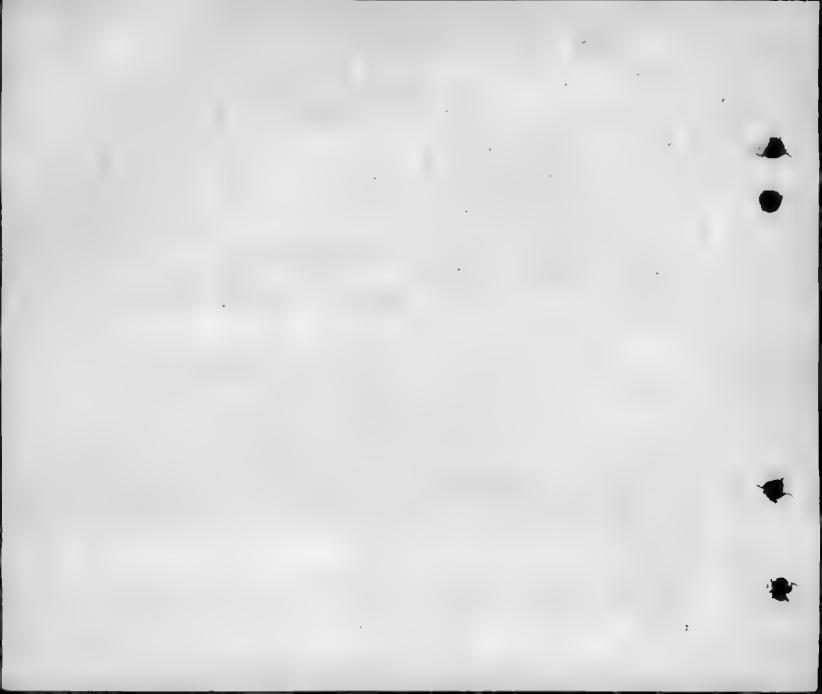
										3 1 %	
1. PLACE OF DEATH o. COUNTY Ba.	ltimore		MARYLA	- 11	2. USUAL RESIDE a. STATE Md	,	ere deceased	b COUNTY	on: Residence		odmission)
b City OR TOWN (I RURAL ond give no Catons		ts, write	c. LENGTH OF STAY IN				ulside carpor	ota limits, write Ri	URAL ond giv	re neores	f fawn)
	FAL (If not in hospital, g		oddress)		d. STREET ADD	DRESS					IS RESIDENCE ON A FARM? (ES NO
7	34 Edmonds		Ave.,			CLIQUI.				,	
3 NAME OF DECEASED (Type or print)	Harr		Winfield	1	etzler		4. DATE OF DEATH	Augus		24.	19_61
S SEX	6. COLOR OR RACE	7 MAR	RIED NEVER MARRIED	D 8	DATE OF BIRTH		1	P. AGE (In years	IF UNDER 1		UNDER 24 HR
Male	White	WIDOW	ED DIVORCED	石 1	Aug.23,	1893	3	68 yrs	Manths D	ays H	laurs Min.
IOa USUAL OCCUPATIO	ON (Give kind of work of	dane 10b	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLAC	CE (Stote	or foreign ca	untry)	12 CITIZI	EN OF W	HAT COUNTRY
Farming IS FATHER'S NAME	king life, even if retired)				Md 14. MOTHER'S M		IAMF		U	.s.	A
					. ,			D 1			
	l Etzler Rin u s armed for	ceco la	COCINI SECURITY NO	17 (1)(6)	ORMANT	- ?		Baker			343
Yes, no or unknown)	If yes, give wor or dates of H		SOCIAL SECURITY NO	1/ INF							Md
No				Mr.	George	D. E	tzler	<u>3615 Yol</u>	ando F	d. E	alto.
Conditions, if o gove rise to i cause (o), stating lying cause lost.	m mediole)	Careri	o m	- 4	s de	ing	alosi	•	+	AND DEATH
SATI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CONTRIBUTING TO DEAT						EN IN PART	1 P	WAS AUTOPS' PERFORMED? ES NO
	MEDICAL EXAMINER) Y Month, Day, Yeo 19	20d. 5 While of war	Not white		CE OF INJURY (Ho ary, street, affice b			ar town)	(Cc	uniy)	(Stol-
saw the decear 220 SIGNATURE 22c PHYSICIAN'S NAME (Type)	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	12	ded the deceased for the 19 to 1. and the property of the prop	hat de	ath accurred ATTENDING PHYS 22d. ADDRESS	OIS ME	ED RECTOR [the causes and STAFF PHYS	on the		(I) (we) la tated abave 12b. DATE SIGNE
23a BURIAL, CREMATIC REMOVAL (Specify) Burial	8-28-19		Lake Viet			_Pnl	23d. LOCAT	rroll Co	or county) Mar	M	(Stote) 1d
Caston Ski	's signature /	060	X SILVELLE	111	4 . [DATE SE	BY REGISTI		STRAR'S SIGI		

the funeral director, urs ofter death. Page 4 PHYSICIAN: The law requires that the death certificate be executed within 24 ha filled ofter fitending physician. Attitions the attending physician and completificate has been signed by the attending physician and compass the burial-transit permit. Then please remove carbos appearant, cremation, or remayal, and in any event, with 172 hours of page 3 shauld be detached for us the State Board of Health prior to ed by the haspital TO FUNERS VR A1S (4) 15M 9/59



AND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, finstitution, Residence before admission) e. COUNTY Palle les. ealth, e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (f outside corporate limits c. C TY_OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) director. e. IS RES DENCE ON A FARM? YES NO B Stal NAME OF Middle DECEASED 0 DEATH (Type or print) COLOR OF RACE | 7, MARRIED AGE In years HE JNDER 1 YEAR IF UNDER 24 HRS. 5. SEX go 5 mJy and 2 wit inst bighday) Months Days Hours WIDOWED -10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages peges form PM3. 14. MOTHER'S MAIDEN NAME LEUNART in pencil in Item 18. Give E 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) Dermit. Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and MMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause 70 "pending **DUE TO** (a), stelling the underlying Examiner 35 ö cause last. pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 19. WAS AUTOPSY PERFORMED? 2 Word CERTIFICA plnous 2De EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II of Part II of item 18.) to the certimes.

I to warded to the Chier ware forwarded to the Chier ware CIOR. Page 3 should be seen to buriel, of PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 2Dd. NJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While Hour a.m. el work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL designated DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Jown, or country) TO DE (Stete) REMOVAL (Specify) Ь <u>5</u>40 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE AUG 9 Windleson & Thomas



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edm ssion) FALTH DEPT 1. PLACE OF DEATH a. COUNTY Page a. STATE **b.** COUNTY Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. your dob write RURAL and give nearest town) Rural-Baltimore. Md. Rural-Baltimore, Md. d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Lynhurst Road 4216 Lynhurst Road YES NO X State 3. NAME OF 4. DATE Midd.e Month DECEASED OF [Type or print] LAWRENCE DEATH RERSTERMAN August 30. Ω 8 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR! 5. SEX 8. DATE OF B.RTH F UNDER 24 HRS lest birthdey) | Months | Days 2, a 5 mar od 2 w Hours Mn. Male WIDOWED [DIVORCED White 3, 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page Ce done during most of working life, even if ratired) executed within 24 hours 18, Give Pages 1 h form PM3. Pag Steel worker-retired Bothlehem Steel Cd. U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George C. Fersterman Fredericka Kodel 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordelesofservica) No. Mrs. Beatrice Clewis, 1506 Rosewick Ave-6 18. CAUSE OF DEATH linter only one cause par line for (a), (b), and (c), i INTERVAL BETWEEN along transit pand in ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMED.ATE CAUSE (e) in pencil Office **DUE TO** E <u>F</u>. Conditions, if env. which (b) gave rise to immediate cause **DUE TO** rd "pending | Examiner': (a), stating the underlying causa last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIED 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be NO 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enlar nature of Injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ing the tief Me 3 sh burial, the Cri. 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or Jown) (County) (Stete) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While 0 Hour a.m. at work at work p.m. prior OR 21. I certify that Thook charge of the remains described above, held an Autopsy Inspection 4 and 'n my opinion 2 forwarded to L DIRECTO Suicide Accident Homicide Undetermined manner death resulted from Natural causes CHIEF MEDICAL EXAMINER should be forward PUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED cute 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) Jack Cal TINE HAME OF CEMETERY OR CREMATORY 22a. BURIAL, CRÉMATION 22d, LOCATION (City, lown, or country) 百日日 BUTLEL (Specify) Zion Evan. Lutheran Cem. Stemmers Run. Md. Q 40 g ^D 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Ullrich Funeral Home, 4210 Belair Road. arthur & Henry 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY Mary land Baltimore MARYLAND 22 b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) E. LENGTH OF STAY IN 16 Write RURAL and give nearest town)
Catonsville lmthlldvs Baltinore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDEN ON A FARMS 1121 W. Pratt Street SPR IN G GROVE STATE YES NO NAME OF Middle DATE Month DECEASED OF S. Fim Farmie (Typa or print) DEATH 1961 August 5. SEX 6 COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE (In years | IF UNDER 1 YEAR ! B. DATE OF BIRTH IF UNDER 24 HRS. (birthday) Months Hours white Sept. female WIDOWED A 10a. USUAL OCCUPATION [Give kind of work physician 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U.S. restraunt worker Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Laura Mevers Robert Sherwood aftend 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) [(If yes give we rordates of service) Records: GROTE STA E HOSPITAL SPRING unknown unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH Cardio Vase. Disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO arterioslerosis, generalized, severe gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 98 thick due to cangrene of let 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, offica bldg., etc.) While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from.....June .12....., 1961 to...... 19.6., that (I) (we) last 12 19.61 and that death occured at 3.4.M, from the causes and on the date stated above. saw the deceased alive on....... 22b. DATE 22a, SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 61 22d ADDRESS 22c. PHYSICIAN'S SPRING GROVE STAIE NAME (Type) Gatonsville 28. Mary-land FUNE 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 236. DATE THEREOF OH. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATAUG 4 ariling & through 15M 9/60



CERTIFICATE OF DEATH 8842 Reg. Dist. No. be filed with PLACE OF DEATH O COUNTY BALTIMORE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND after deoth. b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF Inst Day Yeor within 24 19 5. SEX 7. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED IT DIVORCED [yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or forkign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) ZAB 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ZPATRICK 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. . 17. INFORMANT PATRICK BALTIMORE INTERVAL BETWEEK 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 6 Canditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. **buriol-tronsit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMEDE YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ŝ 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, 20f. (City or town), (Caunty) (Stote) factory street, office bldg., etc.) G. ft. While Not while of work at work p. m. 6 21. I certify that Vattended the deceased fromthat I last saw the deceased alive on that death occurred M, fram the causes and on the date stated above. ACTUAL SIGNATURE prior should registror PHYSICIAN'S NAME (Type) n 220, BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY GEGREMATORY 22d LOCATION (City, town, or county) (Stote) BALTIMOR wood ua 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE V5 A15 (4) 15M 9/55 18'8 1 25 Stather & Hear

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmiss on a. COUNTY **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Fort Howard 55 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Veterans Administration Hospital 4606 Manordene Road 3. NAME OF 4. DATE DECEASED OF DEATH (Typa or print) HARRY FORNOFF August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthday) Monthsi Male WIDOWED [DIVORCED March 21, 1898 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Siete, or foreign country) гетоме done during most of working life, even if retired) physicia Clerk Hotels Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl William Fornoff Sarah Haddaway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Clinical Records, 4000 VAH, 3900 Loch Yes Raven Blvd. Balto 18, Md - FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PULMONARY CONGESTION IMMEDIATE CAUSE (a) **DUE TO** SEVERE MYOCARDIAL FIBROSIS Condition if any, which' geve rise to immediate cause **DUE TO** (e), sleting the underlying SEVERE CORONARY STENOSIS AND SCIEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CHRONIC OBSTRUCTIVE HYPERTOPHIC EMPHYSEMA 20c. TIME OF NJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm. , 20f. (City or lown) factory, street, office bldg., etc.) While Not While at wark al work 21. I certify that X) (this hospital) attended the deceased from June 12 1961 to August ... 1961 that ((we) last ATTENDING DIRECTOR PHYS. PHYS, FUNERAL 22d. ADDRESS VAH. BALTIMORE 18, MD., FT. HOWARD DIVISION LAN RUSSO, M.D. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY O F Oak Lawn Cemetery Baltimore ADDRES Balto. 14.Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Leonard J. Ruck & Sons, Inc. 5305 Harford Rd.

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

19 61

Hours

INTERVAL BETWEEN

UNKKOWN

YES NO 1

Maryland

SIGNED

12, CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

arthur S. Kraus

MIG 9

DATE



1	Items 18-21 Film 293 MARYLAND STATE DEPARTMENT OF HEA	
END CHIEX	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND DEATH (1 \(\hat{\lambda} \) \(\hat{\lambda} \) \(\hat{\lambda} \)
HEALTH DEPT	1	679/SI_iwk _ 100004
≥ 8 . €	OUNTY Baltimore STATE D C.	deceased lived, If institution: Residence before edmission b. COUNTY
necessary, sctor. Page, our fles. of Health,	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporeta limits,	rporete limits, write RURAL and give nearest town)
director.	write RURAL and give necrest town) Force (27) Washingt	
200 W	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	Pond I w IS RESIDENCE
ined the Butter of the Butter		gent Street, N.E. YES NO NO
etainestaines Sta	3. NAME OF First Middle Last 4. DATE OF	Month Day Year
h. If	(Type or print) MATHLAS FRANCIS FORST DEAT	H August 4 1961
with with a state of the state	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
d 2 Hour	Male White WIDOWED DIVORCED Dec. 3, 1902	6/5/3/ yrs.
Page 7 7 n 72 n	done during most of working i.i.e, evan if retired)	
5 8 8 8 E	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	USA
hin 24 ho Give Pag rm PM3, File page: ent withi	George Forst	
ithir S. G. form Sven	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgive were dates of service) WINDITED	Address
an 18 orth my my	Yes WM1 572-40-5732 MXM.XVVVA Forst	Same
an Ite	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
alor rans	OT - IMMEDIATE CAUSE (e) Drowning	
Id by rice rial- vals	7/3 X DUE TO	
inour inou inour inou inour inour inou inour inour inour inour inour inour inour inour inour inour ino	Conditions, if any, which (b) gave rise to immediate cause	- · · · · · · · · · · · · · · · · · · ·
ificate si pending aminer's sed as a	(e), stelling the underlying DUE TO	
"per "per xami usec ion,	147	CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
vord cal E	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 20b. DESCRIBE HOW INJURY OCCURED. (Enter nefure of injury In Part I or Port II) DISCASS OF DEATH.	PERFORMED? YES X NO •
the we was should all created	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part Lor Port II	
S Can of	found drowned	
Page To b	20c. TIME OF INJURY Month, Day, Yee: 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City) Hour e.m. While Not While et work et work to twork to the state of the	ty or town) (County) (State)
5. 专 · · · · · · · ·	The state of the s	Balto. Md.
AL TOTA	21. I certify that I took charge of the remains described above, held an Autopsy 🗶. Inspection	
TEDICAL the certification of security of agent,	death resulted from: Natural causes Accident Suicide U	ndetermined manner
	ACTUAL ASSISTANT MEDICAL SYAM	u
P 3 8 2 5 4	SIGNATURE M.D	
DE Spould I FUNEI	NAME (Typa) ROWARD G. Shaub, M.D. Addrass (Streat, city, fown, o	8/4/61
should by FUN	REMOVAL (Spacify)	NTION (City, lown, or country) (State)
0 g 4 0 p	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Leton, D.C.
VS. A15ME	A Charles I have been As a Transfer of the Charles	TRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	DATE THE	



VARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8845 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edm safor) a. COUNTY COUNTY Maryland Raltimore MARYLAND c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Fort Howard 12 Davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? **Eutaw Street** Veterans Administration Hospital YES NON 3. NAME OF DATE DECEASED OF 61 (Type or print) DEATH GORDON В. FREY August 19 AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED X 8. DATE OF BIRTH last birthdey) Months Days September 7, Male White WIDOWED [DIVORCED I 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Philadelphia, Pennsylvania U. S. A. Trucker Trucking 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Griffith John B. Frev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Clinical Records, YAH, Baltimore 18, Maryland (Yes, no, or unkown) ((Ifyesg vewerordetesofservice) Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: UNKNOWN IMMEDIATE CAUSE (e) CEREBRAL THROMBOSIS DUE TO UNKNOWN CEREBRAL ARTERIOSCLEROSIS (6) gave rise to immediate causa DUE TO (e), stating the underlying PART II, OTHER S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(e) 19. WAS ALTOPSY PERFORMED? ARTERIOSCLEROTIC HEART DISEASE NO te 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stelle) 20c. TIME OF INJURY Month, Dey, Yoer fectory, street, office bldg., etc.) Not White Hour a.m. et work at work 21. 1 certify that 1) (this hospital) attended the deceased from.....July 238:451961, to August 4....., 19.61, that 10 (we) last saw the deceased alive on August 61 22b. DATE 8/4/61 SIGNED **ATTENDING** D-RECTOR PHYS. PHYS. M.D. ADDRESS VAH, BALTIMORE 18, MD., FT. HOWARD NAT TROBERTSON. JR. M. D. (Stele) 230, BURIAL, CREMATION, 1 235. DATE THEREOF 1.23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) 28, Maryland Baltimore Raltimore National Aug. 25a. REC'D BY-REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR Wm. J. Tickner & Sons, Inc., North & Penna. Aves. DATE aller & Baltimore Md.

Ø

physician

the

signed by

has

ficate

FUNERAL

0

VR A15 (4)

P d

death.

SE

aftending pl Then please oval, and in a



Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) Baltimore **b.** COUNTY MarVland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) write RURAL and give neerest town) Fort Howard 60 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 3612 Frankford Avenue Veterans Administration Hospital YES NO [3. NAME OF DATE DECEASED {Type or print} DEATH 19 61 GIBBONS WATITER August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days WIDOWED [DIVORCED [December 24 Male 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Crisfield, Maryland U. S. A. Odd Jobs PM3. P. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Lee Gibbons De Maria Blades 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) ! (If yes give we ror detes of service) Baltimore 18, Maryland Clinical Records, VAH. Howard Division 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OLD SUB-ARACHNOID HEMORRHAGE IMMEDIATE CAUSE (e) FRACTURE OF SKULL DUE TO TERMINAL BRONCHOPNEUMONTA (d) geve rise to immediate cause (e), stating the underlying PYETONEPHRIPTS ld be used remarion, o PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO F 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Iam 18.) CAUSE OF DEATH. Fell down steps at home 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While 19 61 of work et work Baltimore Maryland Home ä 21. I certify that I took charge of the remains described above, held an Autopsy 🔼, 0 Inspection Inquiry and in my opinion Accident X Suicide Natural causes Homicide Undetermined manner forwarde CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER X MELVIN B. DAVIS, NAME (Type) Address (Street, city, town, or county) DE 220, BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Baltimore 28, Maryland 040 g Baltimore National Cem. Burial 240. REGINAY REG STRAR 23. FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE Md. VS. A15ME Wm.Cook-Blight, Inc., 6009 Harford Rd., Balto. 14 DATE 5M 9/60

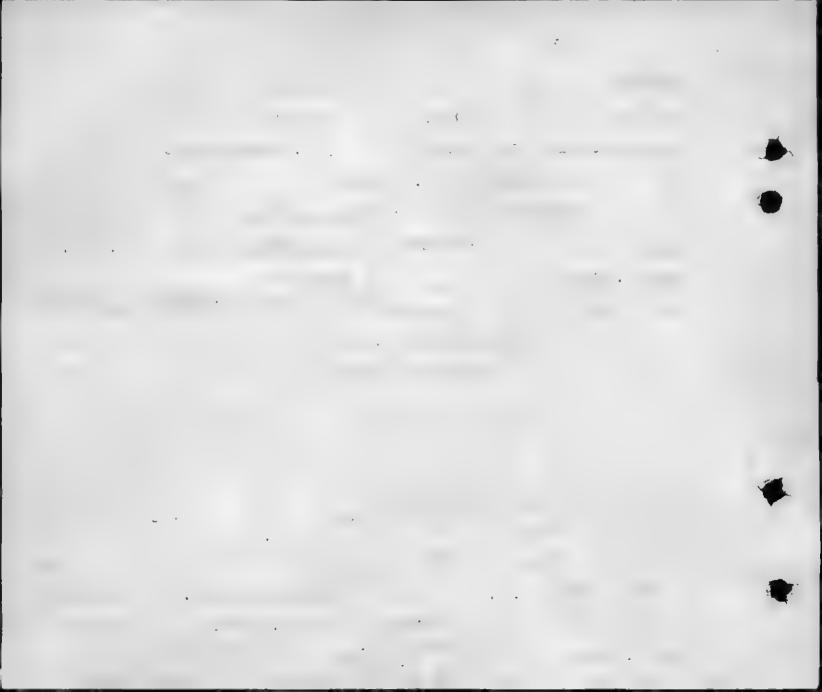
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) COUNTY **b.** COUNTY a. STATE by the and 2 death. Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, & LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outs de corporete limits, write RURAL and give nearest lown) write RURAL end give necrest town) Pages 1 aurs after Fort Howard Baltimore Dave 9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gaze street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO F Mulberry NAME OF DATE DECEASED OF (Type or print) DEATH ROBERT GILLIAM August 13 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours DIVORCED SE event, WIDOWED [Male January physician 100. USUAL OCCUPATION (Give xind of work IDB. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) any Laborer Construction Windsor, North Carolina U. S. A. 13. FATHER'S NAME please aftending George W. Gilliam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO | 17] Hannah Allen INFORMANT Then Address Clinical Records, VAH, Baltimore 18, Maryland (Yas, no, or unkown) | (If yesq vewer or detes of service) BAO 215-01-2414 Fort Howard Division 18. CAUSE OF DEATH [Enter on y one cause per line for (e), (b), and (c).] INTERVAL BETWEEN by ONSET AND DEATH PART I. DEATH WAS CAUSED BY, BRONCHOPNEUMONIA, BILATERAL IMMEDIATE CAUSE (a) 3 DAYS DUE TO CARCINOMA OF ESOPHAGUS (b) YFARS gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDIT ON GIVEN IN PART 1(+) 19. WAS AUTOPSY cate PERFORMED? YES 🔽 NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work al work 21. I certify that & (this hospital) attended the deceased from July. 6 saw the deceased alive on August 13 DIRECT pluods 22b. DATE SIGNATURE **ATTENDING** DRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S SEBASTIAN RUSSO, M. D. death
O FUNER:
director, pe VAH, BALTIMORE 18, MD., FT HOWARD DIVISION = 1 23d. LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 236. DATE THEREOF Burial Baltimore National Cem. Baltimore REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 1000 Brantley Ave. VR A15 (4) arthur L. Kraus 15M 9/60 Elroy O. Wilson Baltimore 17. Maryland

the



VR A15 (4) 1SM 9/S9

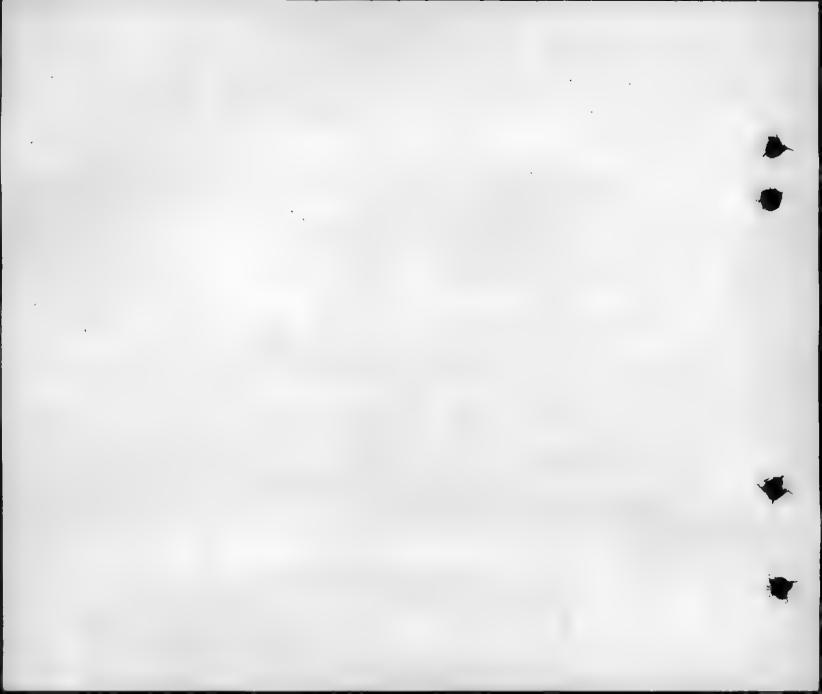
И	A	RY	LA	ND	ST.	ΑT	E	DI	EP.	ΑI	RT	ME	N	T	0	F	H	E	ΑI	LT	ŀ	i

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

8848 CERTIFICATE OF DEATH

118841

- 1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
	O COUNTY Baltimary MARYLAND	o. STATE MARYLANd b. COUNTY Baltimere
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Arbutus Sweeks	XA chitres
-	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION POPLAR AVE	1334 Prolan Aug YES NO DE
-		
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Marie L. Golde	DEATH 1749457 29 1961
5.	6. COTOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (1) years IF UNDER 1 YEAR IF UNDER 24 HRS lost buthdoy) Months Doys Hours Min.
	Female White WIDOWED DIVORCED	Haril 3 1877 84 415
10	Da. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDL during most of working life, even if retired)	STAT 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House work Oun Home	Maryland U.S. 4
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	III. Iliam Gisse	Duna M Damphouser
15	S, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17,1	17nna M. 11mm En n Euster Address
	fes, no, or unknown) (If yes, give wor or dates of service,	- C C
-	IV O III	15. George Coristin 1334 Poplar HVE
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	Mary failers / week
	DUE TO O IO	4 1 1 1 1
	Conditions, if ony, which) (b) ((transcul	rolle (V)
	gove rise to immediate Couse (a), stating the under-	
	lying couse lost. (c)	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
NOITAL		YES NO W
T. FIG.		ED (Enter noture of injury in Port I or Port II of item 18.)
1	CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote)
MAPDICAL	Haur o. m. While Not white	octory, street, office bldg., etc.)
×	p, m 19 of work of work	2/21 /1 2/26 /1
	21 I certify that (I) (this haspital) attended the deceased fram.	1961, 1961 to 1961, that (I) (we) last
		death accurred atM, from the causes and an the date stated above.
	22q SIGNATURE	ATTENDING MED. STAFF SIGNED
	North of Blickas	M.D., PHYS. DIRECTOR PHYS
	22/ PHYSICIAN'S NAME (Type)	22d. ADDRESS
	UrHerbert J. Levick	35 5305 Rast Drive.
23	30 BUR AL, CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town, or county) (State)
	REMOVAL (Specify) 8/2/6/ WOOd AM	Cemetery Baltipore Maryland
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	I handerese For 1 30.5 leel last	p. Pel- DATE DATE OF 5 63 C. Thur & though
	CARRIED WALLES	2 Trans



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (I outs de corporete lim'ts, LENGTH OF STAY, N.16 c. CITY OR TOWN (If outside corporete tim is, write RURAL and give neerest town) write RURAL end give neerest town) 10vr8mth2hdvs Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? STATE 1000 Bentalou Street HOSPITAL YES NO NAME OF Year Middle DECEASED (Type or print) Altice Go11 DEATH August 19 61 Annie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH lest birthdey} | Months e G femald white Aug. WIDOWEDX D VORCED ! 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore go country) 12. CHIZEN OF WHAT COUNTRY? dona during most of working life, even if refired) U. S. A. nousewife MaryLand 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Annie James Lett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) ! [If yes give wer or detes of service] Records: SPRING GROVE STALE unknown 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen gava rise to immediata causa **BUE TO** (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY cafe PERFORMED? YES X NO Senile brain disease 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Pert II of Itam 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. et work at work saw the deceased alive on......Aug. 25 ... 19... 61, and that death occurred at .M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. EHY5. 22d. ADDRESS 22c. PHYSICIAN'S SPRING GROVE STATE HOSPITAL NAME (Type) Stella Wachsler, M. D. Catonsville 28. Maryland FUNE filed, 230 BURIAL CREMATION 1236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) g dire F REMOVAL (Specify) Baltimore, Md. Western Cemeterv Burial 25a. REC'MINAREGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



A m		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
£ 1		2850 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Resp. Dist. No.
cremotic	1,	PLACE OF DEATH COUNTY AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. STATE b. COUNTY b. COUNTY
ig (M)	l i	C. CITY OR TOWN If autside corporate limits, write RURAL and give nearest lawn)
<u> </u>	F,	I. NAME OF HOSMITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO DE
(F)	1 3	NAME OF DECEASED A. DATE Manth & Doy Year OF OF Manth
(1)	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (I) Joy IFUNDER 1YEAR IF UNDER 24 HRS. Months Doys Mours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME SUPERIOR STORAGE 14. MOTHER'S MAIDEN NAME SUPERIOR NAME
		WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Output Output
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO
		Canditions, if any, which (b) (b) gave rise to immediate cause (DUE TO
*	z	(c), stating the underlying DUE TO cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19, WAS AUTOPSY
()	FICATIO	PERFORMED? YES NO
	AL CERTI	PRIMARY or CONTRIBUTING CAUSE OF DEATH.
	MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) Hour a. m.
		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection X, Inquiry X, and find that death resulted fram: Natural causes X, Accident, Suicide, Homicide, Undetermined cause
*		ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER [1010 Lee de SOUSIENES
moval.		EXAMINER'S CEO, S. M. KIEFFER, MD DEPUTY MEDICAL EXAMINER (Type)
ē_ 	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
· (S)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE AUG 3 0'61 OATHUR 8 House
		Mandallatowns; ned,





VS. A15ME(5)\
5M 9/55

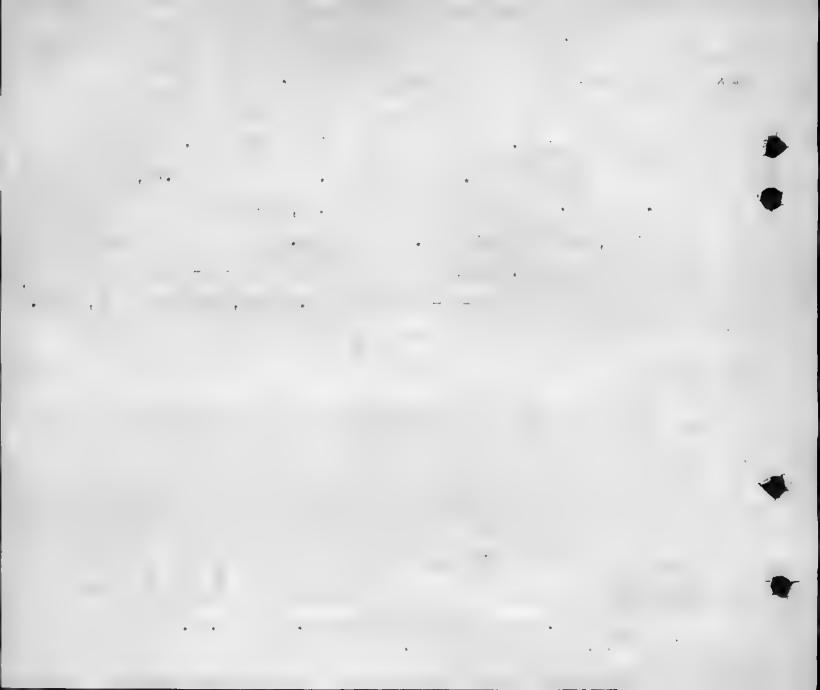
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

, I		_	Re	g. Dist.	No.		8	4	5	
cented	lived	1E	Institutions	Residence	hefo	-	odmis	sion	1	

	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)						
	BALTIMORE	MARYLAND	o. STATE MARYLAND b. COUNTY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
)	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest form) ESSEX	1 WEFK	BALTIMORE						
/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS e. IS. RESIDENCE						
	3605 NORTH POINT	BLVD.	1008 BAYLIS STREET VES NO STANDARD						
-	3. NAME OF First	Middle	Lest 4. DATE Month Doy Year						
1	(Type or print) JOHAINA	FLEAMOR	GURN DEATH AUGUST 15, 19 61						
	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 18.							
	FEMALE HITE WIDOWE	DIVORCED [IARCH 17, 1886 75 yrs. Months Days Hours Min.						
- 13	10a. USUAL OCCUPATION (Give kind of work done 10b, I during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?						
1		V.D. CORP.	BALTIMORE MARYLAND U.S.A.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	FREDERICK GURN		CARCLINE BAGER						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	PORMANT Address						
		212 10 5218	Mrs Eleanor Cox 3605 North Point Blvd						
F	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH						
1	PART I. DEATH WAS CAUSED 8Y:	1-5-C-V-	DISERSE						
1	Ch \ DUE TO	anniconari care (a)							
1	Conditions, if any, which) (b)								
ł	gove rise to immediate cause								
1	(o), stoting the underlying course lost.								
1	YES NO								
	oc PRIMART LI OF CONTRIBUTING LI	HOW INJURY OCCURRED. TE	right pature of injury in Part I or Part II af item 18.]						
		// 0/							
		NJURY OCCURRED 208 PLACE Not while facto	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)						
	Hour a.m. 19 Of we	rk of work							
	21. I certify that I took charge af the i	remains described abay	re, held an Autopsy . Inspection . Inquiry . and find that						
1	death resulted from: Natural causes [Accident [], Suic	ide 🔲, Hamicide 🔲, Undetermined cause 🔲.						
1	max	-	a a me didition.						
- [SIGNATURE	M.D. CHIEF MEDICAL EXAMINER D							
	EXAMINER'S MA A		ASSISTANT MEDICAL EXAMINER						
Į.	NAME (Type)	15 MD	DEPUTY MEDICAL EXAMINER						
1	22g. BURIAL, CREMATION, 22b. DATE THEREOF	DENOVAL (Consider							
	BURIAL Aug. 17,196		ANGLLICAL BALTIMORE MARYLAND						
	23. FUNERAL DIRECTOR'S SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	HEARY SANDER & SONS I	NC. BALTI.OR	DATE OF THE CITY S. Thank						



A 1	MARYLAND STATE DEPARTMENT OF HEALTH ODIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	(10) 8853 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 118846
HEALTH BEPT	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Sa Sa Sa	Baltimore Maryland Md. Balla.
	b, CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mits, write RURA, and give nearest town) write RURAL and give nearest town)
is ne	Woodlawn Life Woodlawn
Bos Pool	d. NAME OF HOSP, TA., OR INSTITUTION (if not in hospital, g ve street address) 1832 Colmar Rd. 1832 Colmar Rd.
ath.	1832 Colmar Rd. 1832 Colmar Rd. YES NOTE NOTE
If an the retarded he She r	(Type or print) Harry W. Hammel Sr. DEATH Aug. 29, 29 1961
affer the	5. SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
may 2 w	M. WIDOWED DIVORCED Sept.19.1894 67 Ogrs. Months Days Hours Min.
affe 2 Je 5 2 hc 2 hc 2	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pages 1 se 1	Retired, Food Chemical Corp. Md. USA
M.3.	13. FATHER'S NAME
	William F. Hammel Mac 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Md.
£ % &	(Yes, no, or unkown) (Ifyesg vawerordetasofservica) 215-03-2793 Thelma V. Hammel, 1832 Colmar Rd, Balto.#
ted v tem 1 with permi	18. CAUSE OF DEATH [Enter only one cause per line (20), (b), and (c)]
te should be exact ling," in pencil in I de's Office along as a burial-transit r removal, and in	PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (a), steting the undarlying DUE TO DUE TO Conditions, if any, which geve rise to immediate cause (a), steting the undarlying DUE TO
s certifica ord "penc al Examin be used mation, o	Cause lest. PART J. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? PRIMARY OF CONTRIBUTING CONTRIBU
TER: Thing the wing the wing the wing the wing 3 should urial, cre	
Sign of the state	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour s.m.
EXA. EXA. to the COR. Prior	21. I certify that I took charge of the remains descr.bed above, held an Autopsy I Inspection Inquiry I and in my opinion
CA ded EC1 rent,	death resulted from Natural causes], Accident . Suicide . Homicide . Undetermined manner .
MEDI forwar forwar L DIR:	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATA SIGNED
DEP Mass execute should be for FUNERAL its designal	EXAMINER'S GEO. S.M. KIEFFER MD Address (Street, city, town, or count of Wedicars)
DE Short	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CHY, town, or country) (State)
5 g 4 5 g	Burial Sept. 1/61 Loudon Park Cemty. Balto. Md. 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	Witzke F.D. 4101 Edmonds on Ave.





15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

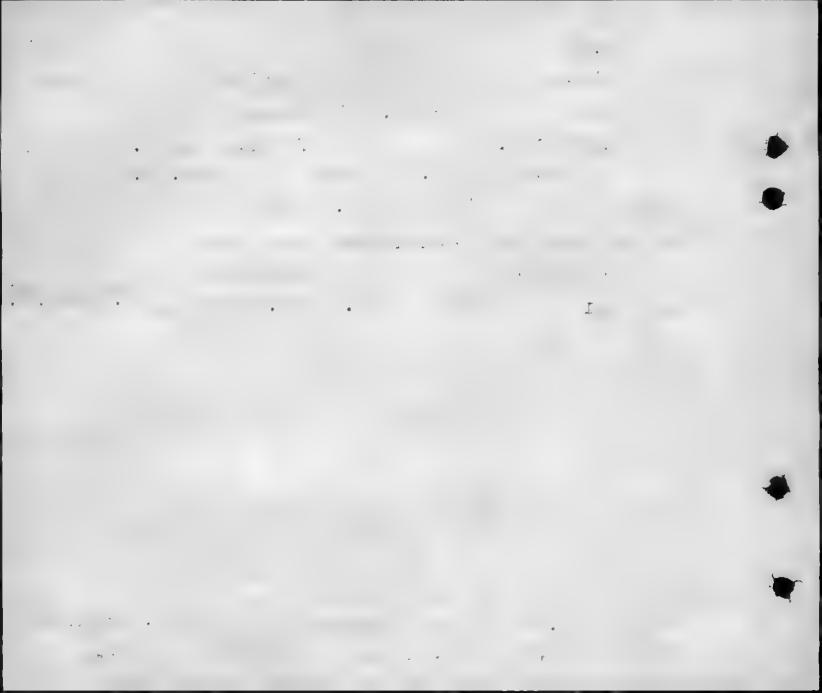
8855

CERTIFICATE OF DEATH

1. PLACE OF DEATH s. COUNTY	2. USUAL RESIDENCE (Where dacaesed fived, If Institutions Residence before edmission)
Baltimore MARYLAND	*. STMATYLAND
b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown)
write RURAL end give neerest town) Fort Howard 44 Days	Baltimore 14
d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp la , g ve street eddress)	d. STREET ADDRESS IS RESIDENCE
Veterans Administration Hospital	4803 Arabia Avenue
3. NAME OF first Middle	Last 4. DATE Month Dey Year
(Type or print) GEORGE	OF
	HARRIS DATE OF SIRTH DATE OF SIRTH DEATH AUGUST 19. AGE (In yours IF UNDER I YEAR IF UNDER 24 HRS.
Mala	last birthday) Months Days Hours Min.
MIDOWED E BLACKCED	February 17, 1889 72 yrs. Y 11 B.RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Wood Finisher	D-244
13. FATHER'S NAME	Baltimore, Maryland U. S. A.
Frank Harris	Mary Slick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (15) (Yes, no, or unkown) (If yes give were or detecof service) 215-03-791.1	nical Records, VAH, Baltimore 18, Maryland
169 MM T 572-03-1911	Fort Howard Division
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFA	RCTION 1-1/2 HRS.
DUE TO	
	CARDIOVASOMAR DISEASE YEARS
gava rise to immadiate cause (e), stating the underlying DUE TO	
causa ast. (c) ARTERIOSCIEROSIS	YEARS _
Z PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Right CVA with left Hemiparesis, Cld H	leated interes of
	. (Enter natura of in ury in Part II or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata)
at work	ory, straet, offica bldg., atc.)
penne //	Teller 10 167 to to to 100 100 that 70 (10) had
	death occur 2 and P. M. from the causes and on the date stated above.
saw the deceased alive on August (2) YOL , and that	geam occur 3 al., 7. M, from the causes and on the date stated above.
	ATTENDING MED STAFF SIGNED
226. PHYSICIAN'S Mode that	D PHYS. DIRECTOR PHYS. 18 8-25-61
NAME (Typa) MARPIE I WAMPIER	VAH Baltimore 18 Md - Ft Howard Division.
238 BURIAL, CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY	
REMOVAL (Spacify)	TO A POST COMPANY AND A CAMPANY AS A SECOND
	EMETERY BALTIMRE MARYLAND
124 FUNERAL DIRECTOR'S SIGNATURE ADDRESS NOTTH & Penns	ylvania DATE COLOR REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wm J Tickner & Sons Inc Baltimore Md	Aves DATE



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALT!MORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, COUNTY b. COUNTY Baltimore Baltimore # 2 T MARYLAND b. CITY OR TOWN (if outside corporate limits, a. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Mos-Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , g ve straat address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Stags Head Rd. Stags Head Rd. YES NO 3. NAME OF Middle DECEASED BRICE HARTER DEATH Aug. 18,1961 (Typa or print) 19 6. COLOR OR RACE T. MARRIED NEVER MARRIED 8. DATE OF BRITH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED [physician IDs. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fora gn country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working l.fe, even if retired) Construction, Air Fields -Construction USA Pennsylvania 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME please aftending | Lillian Orwig Harry Harter 15. WAS DECEASED EVER N U.S. ARMED FORCES? Addrass 16. SOCIAL SECURITY NO 17. INFORMANT (Yas, no, or unkown), (Ifyas give war or datas of sarvice, Mrs. Carl F. Yes Schunemann 18. CRUSE OF DEATH lenter only one cause par line for (a., (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Longestive Heart Fails Conditions, if any, which (6) gava risa lo immediala causa DUE TO (a), slating the underlying causa last. THER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) CERTIFICATION PERFORMED? NO 1 2Ds. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part + or Part II of stam 18., (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 2Dd. INJURY OCCURRED 2D6, PLACE OF INJURY (Homa, farm, 2DI (City or town) (County) 2Dc. TIME OF INJURY Month, Day, Year factory, straet, offica bldg., atc.) Not While While Hour a.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from. . saw the deceased alive on... 22b. DATE 22a. SIGNATURE MED. SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 235 DATE THEREOF REMOVAL (Specify) Mifflinburg, Pennsylvania ÷ 8 Mifflinburg Cem 0 Buria 258 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm Cook-Towson, Inc Towson, Maryland AUG 2 2 '61 anthur & House 15M 9/60



PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)

	N
200	(
,	
	0
, ,	
5	
'in control of	
200	
5	
מומות	
b	3

director, ited with filed a. COUNTY o STATE b. COUNTY Baltimore MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) D Woodlawn Woodlawn d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 6513 Lehnert Street 6513 Lehnert Street YES NO NAME OF Middle Last Month Year DECEASED (Type or print) DEATH Sudler R. Hartge August 17, 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years B DATE OF BIRTH lost birthdoy) Months | Days | Male White WIDOWED | DIVORCED | September 19, 1911 49 yrs. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY . 1]. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Auto Disktributor Baltimore, Maryland U.S.A. Owner 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harry F. Hartge Bessie Heath IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Yes W.W.11 213-10-3651 Irene Hartge-6513 Lehnert St. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: OF AORTIC ANEURSYM IMMEDIATE CAUSE (a) 7-11-1 **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last CERTIFICATION PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 2 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY I Hame, form. 20d. INJURY OCCURRED 20f. (City or town) (State) Doy, Year (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram SEPTEMBER, 195 1. 199/_that I last saw the deceased and that death accurred at 4.45 A.M., from the causes and an the date stated above. alive an_ DATE SIGNED ADDRESS (Street, city or town, stote) SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 8/21/61 Burial Baltimore Nat'l Cemetery Baltimore, Maryland 246. REGISTRAR'S SIGNAPORE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR DATE AUG 1 8 '61 Ellsworth Armacost 4600 Liberty Heights Ave.

сатр and Car physicio evom 5 attendin 980 = = the á been signed the lateral transit permit 3 physician. has been sig T

10

VS A15 (4)

15M 9/58

Funeral



. . .

+ t

the funeral director, should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 ages 1 and 2 should filled may be the big by the haspital strending physician.

D FUNERAL PIRECTOR: After the ficate has been signed by the attending physician and comp page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. may be need by the haspited TO FUNERAL PIRECTOR: Affer It TO HOSPITA

VR A1S (4) 1SM 9/59

MARYLAND	STATE	DEPARTMEN	T OF	HEA	LTH
IONLOS CTATISTICAL	DECEARCH	AND DECODED	DATE:	LODG 1	84 8 5

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	2853	CERTIFICA	TE OF DEATH	•	08851
	1. PLACE OF DEATH O COUNTY BOLL	MARYLAND	2. USUAL RESIDENCE (Where do STATE	/ b. COUNTY F	esidence before admission)
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	0 14	77-11	a carporate limits, write RURAL	and give nearest town)
/	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et address} Wen Blvd,	d. STREET ADDRESS	mbard s	o is residence on a farm? Yes \(\) NO \(\)
-	3 NAME OF DECEASED (Type or print)	R. Hart	/	DEATH AUGUST	Doy Year 2 19 6 /
	Commercial Confidence	RRIED NEVER MARRIED NEVER MARRIED DIVORCED	8 DATE OF BIRTH 83	1 12 2 2 2 1	UNDER I YEAR IF UNDER 24 HRS. Inths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	MONV A	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Valintine Hay	tman	14. MOTHER'S MAIDEN NAME	wh	
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. os yeknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO 17. I	NFORMANT Idred Dial	1307 Tay/0	rAre.
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).]	Obstruct	tion	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-	rcinoma	of sigmae	R color	7
	Iying cause last. (c)	S CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN I	N PART 1(o) 19 WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING COUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	ar Part II of item 18)	had had
	Haur a.m. Whi	- fa	ACE OF INJURY (Hame, form, 20 ctary, street, affice bldg, etc.)	f (City or town)	(County) (State)
	21. I certify that (1) (this hospital) atters sow the deceased alive an Allyway				19_6/that (I) (we) last
)	200 SIGNATURE LOCALIST HOLLE	es In.	ATTENDING MED DIRECTO	STAFF	22b DATE S.GNED
	22c PHYSICIAN'S NAME (Type) E. Curtis K	ller Jr.	87.15 Jeft	Fers Circl	10
	230 BURIAL, CREMATION 236 DATE THEREOF BEMOVAL (Specify) 8/31/61	Loudon Po	TK Cemotory	Bottsmore	May Vland
1	24 FUNERAL DIRECTOR'S SIGNATURE	When Sari	DATE 250 VCC DATE	3 1 704	R'S SIGNATURE

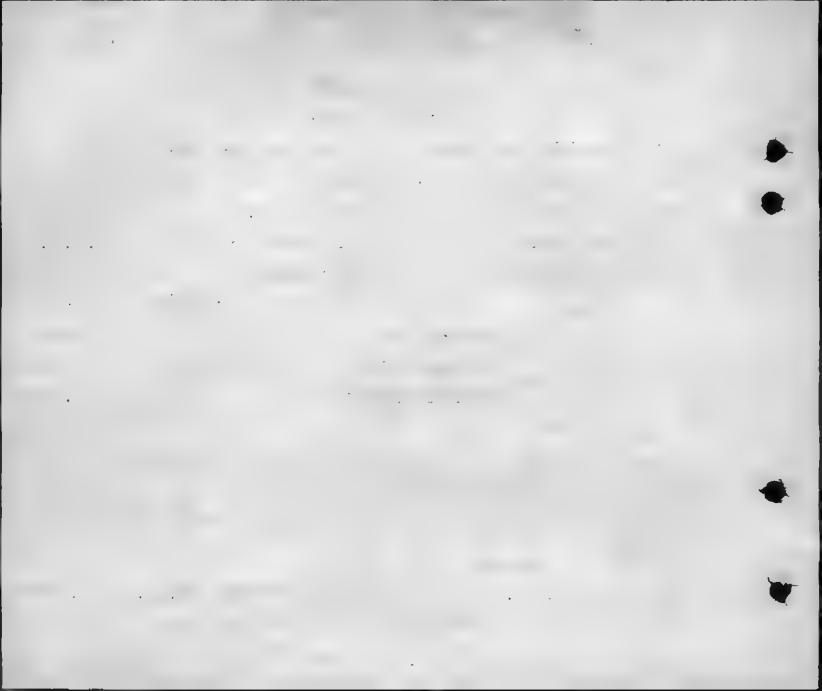


VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before agmission) a. COUNTY b. COUNTY Raltimore Maryland MARYLAND b CITY OR TOWN (if outs da corporata lim ts. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Baltimore Baltimore Days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d STREET ADDRESS ON A FARM? Veterans Administration Hospital West North Avenue YES NO X 3. NAME OF DATE DECEASED (Type or print) DEATH STANLEY G. HENRY Aubust 1961 6 COLOR OR RACE TO MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday | Months Male WIDOWED 16.1927 10a. JSUAL OCCUPATION IG Valkind of work (County & Stele, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retlied) U. S. A. Painter=Paper Hanger Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stanley Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Virginia Harris Clinical Records, VAH, Baltimore 18, Maryland Fort Howard Division (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) 18. CAUSE OF DEATH [Folar only one couse par line for (e) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART, I. DEATH WAS CAUSED BY: ENCEPHALOMALACIA UNKNOWN IMMED. ATE CAUSE (a) DUE TO CIRRHOSIS OF LIVER Conditions, if any, which gava risa to immediate causa XXXX PANCREATIC LITHIASIS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,8) PERFORMED? BRONCHOPNEUMONIA TERMINAL YES A NO 1 208. ACCIDENT WAS UNDERLY NG UNDERLY NG UNDER CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18.) 2Dd .NJJRY OCCURRED 20e, PLACE OF INJJRY (Homa, ferm, 2Df. (City or town) 20c TIME OF INJURY Month, Day, Year factory, streat, office bldg , etc.) While Not While at work at work saw the deceased alive on ... August .. 28, .. 1961 ... and that death occurred at.p. .. . M, from the causes and on the date stated above. ATTENDING DIRECTOR PHYS. PHYS. 22c, PHYS.CIAN'S 22d. ADDRESS TAN RUSSO, M.D. VAH, BALTIMORE 18, MD., FT. HOWARD 236. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, Baltimore National Cemetery Baltimore 28, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE

Cerchar & Thomas

Elroy O. Wilson1000 Brantley Ave., Balto. 17, Md

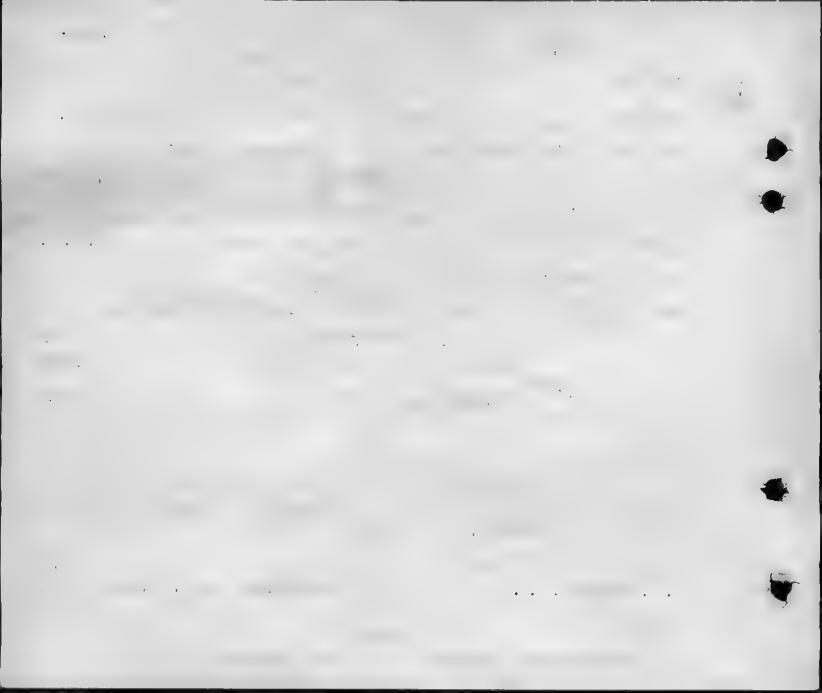


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY Baltimore Maryland e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (f outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest lown) Catonsville days Baltimore p d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? STATE 13 Caklex Village YES NO M NAME OF First 4. DATE (Type or print) Henry Frederick DEATH 19 67 Herrmann Aumist 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5 SEX 8. DATE OF BIRTH 19. AGE (In years I'F UNDER I YEAR IF UNDER 24 HRS. lest brifidey) Hours I Min ma le พhi te WIDOWED [DIVORCED [Feb. 1889 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Mary Land S. A. MIRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Office along with fa burial-transit permit, movel, and in any e Records: SPRING LATTEON 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (b) Terminal pulmonary infarction and thrombosis DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying Generalized arteriosclerosis PART II. OTHER S. GNIFICANT COND. TIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TION GIVEN A PART Bumper frac.: rt. leg from auto accident 7-20-61 -closed reduct. & cast PERFORMED? at Fort Howard Hosp. - subsequent gangrene of the right leg PRIMARY OF CONTR BUTING CAUSE OF DEATH. Pt. struck by automobile on 7-20-61 sustaining bumper frac. TOOLINGTY OF EURRED 200. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY (County) (State) Not While fectory, street, office bldg., etc.) While 7-20 19 61 et work 🗆 et work 🔀 Baltimore, Harvland street 085 21. I certify that I took charge of the remains described above, held an Autopsy 📉 . Inspection 🗍 Inquiry | and in my opinion DIRECT Accident M. death resulted from-Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER I ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED HoxId be for SIGNATURE EXAMINER'S George M. Kieffer. ■hoxld l NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCALON (City, town, or country) REMOVAL (Specify) ₹40 ATIONAL 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME AUG 4 evining & thrown 5M 7/59

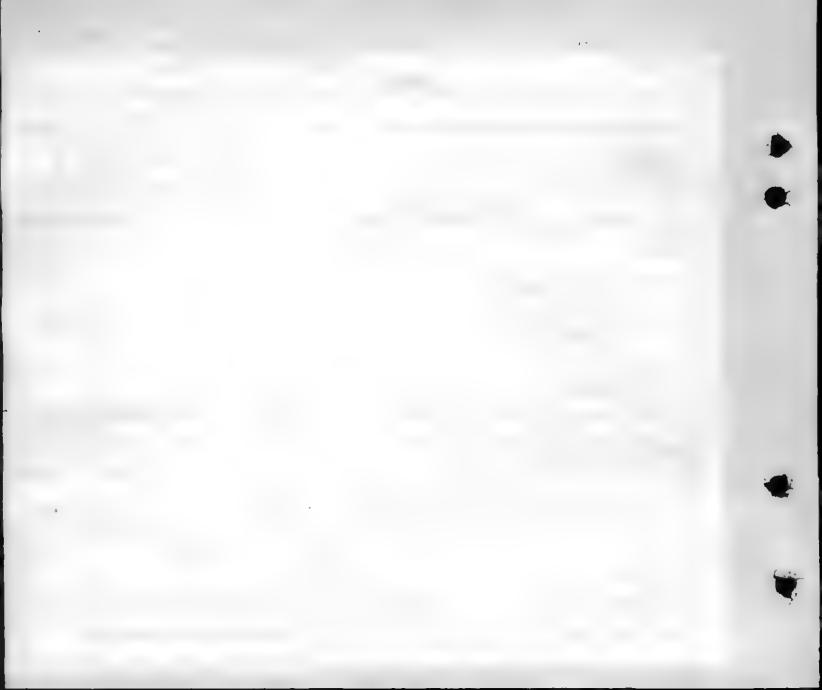
MARYLAND STATE DEPARTMENT OF HEALTH



'	DIVISION	MA OF STATISTICAL RE	SADON AND DECORDS 1	ARIMINI OF MIR	LLH ET. BALTIMORE 1. M.	A DVI AND
	DIVISION	8861	CERTIFICATE	OF DEATH	i, ballimort i, m	118854
5	Fort How	(if outside corporata I mits, dd give neerest town)	MARYLAND . c. LENGTH OF STAY IN 16 2 Days It in hospital, give street address)	e. CITY OR TOWN (If outs de	ere deceased lived, if institution b. COUNTY e corporete limits, write RURAL MAIA ROED, BAJ 5. Ne rak Road	end give neerest town)
		Administrati		/4601/Pan/	Mell/Road Month	YES NOT YES TO YES
	(Typa or print)	LOUIS	HC		August August	17 1961
	5. SEX Male		MARRIED NEVER MARRIED 8	. DATE OF BIRTH May 15, 1890 YI II. BIRTHPLACE (County & Sta	9. AGE (In years IF UNDE last birthdey) Months Months	
	done during most of w Clothing 13. FATHER'S NAME	orking Lifa, avan if retired)	TUB. KIND OF BUSINESS OK INDUSTR	New York, New		U. S. A.
	15. WAS DECEASED E (Yes, no, or unkown) Yes 18. CAUSE OF	(If yes give we ror detes of sarvi WW I DEATH [Enter only one cer TH WAS CALISED BY.	None Cli	Fannie Bouch NFORMANT NFORMANT NEGAL RECORDS, FOR FAILURE	Maryland bivi	LSION INTERVAL BETWEEN ONSET AND DEATH 12 HOURS
	Conditions, if an gove rise to imme (a), sletting the couse lost.	dieta ceuse	ARTERIOSCLEROTIC E			UNKNOWN 12 HOURS
d'	PART H. OTH	ER S.GN FICANT CONDIT.O	NS CONTRIBUTING TO DEATH BUT NO			ART 1(e) 19. WAS AUTOPSY PERFORMENT YES NO 1
	Y 20c. TIME OF INJ Hour & m.	Y MEDICAL EXAMINER) OURY Month, Doy, Year 19	While Not While fect et work st work	CE OF INJURY (Home, ferm, 20f, ary, street, office bldg., etc.)		County) (State)
	220. SIANATURE 220. SIANATURE 221. PHYSICIAN' R. NAME RO 23a. BURIAL, CREMA REMOXAL ISPACE	BERTSON, M.D.	hat "	death occured atAM, ATTENDING MED. PHYS. DIRECTO 22d. ADDRESS VAH , BAITIMOR OR CREMATORY 23d.	from the causes and or	8/17/61 OWARD DIVISION (Stete)
	Burial	8/20/61		more, Md. 250. REC'D BY		
	24 FUNERAL DIRECTO					
	Sol_Ievi	nson & Bros.	Reisterstown Rd.&	Pinkney DATE RUL 2	6 01 Cirthug	S. Though



MARYLAND STATE DEPARTMENT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AND RECORDS.** CERTIFICATE OF DEATH I. NAME OF DECEASED funeral 2. DATE OF DEATH (Type or Print) MRS . ANNA AUGUST3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) A. STATE s. COUNTY HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET CA CA & Z **FULL NAME OF** .⊑ " HOSPITAL OR s. CITY OF TOWN (If autside city limits, write RURAL and give (awnship) INSTITUTION Ped MERCY VILLA Balt thore B. STREET ADDRESS (If rural, give location) BELLONA STREET carbon pa 6. COLOR OR RACE S. SEX 7. SINGLE, MARRIED. 9. AGE (In years last birthday) 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (Specify) Months Days Hours Min. FEMALE WHITE WIDOWED BOUT 10 A USUAL OCCUPATION (Give kind of work done during most of working life, even 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician remove if relired) Housewife BALTIMORE. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME altending MICHAEL SCHILLING 15 Was Deceased Ever in U.S. Armed Farces? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na ar unknawn) (If yes, give war or dates of service) the MAY A OREM 116 W. UNIVERSITY The law requires the attending physician has been signed by the burial-transit permit 18. INTERVAL BETWEEN PKY by **CAUSE OF DEATH** DISEASE OR CONDITION DIRECTLY Arterio sclerotic cardio-10 years LEADING TO DEATH (This does not mean the mode of dying e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death) vascular disease hospital or hospital or contificate has we as the burial, or **ANTECEDENT CAUSES DUE TO** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION for u. 4 may be retaint. It bis to be a should be detached for the State D≡pt. of Health p. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART TOR PART II 19A. DATE OF OPERATION 19s. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED 19.61 that (I) (SPE) lost saw the deceased alive on July 29. and that in (my) (esr) apinion death accurred at ____6:25 A.M., from the causes and an the date stated above. death. Laye 4 in TO FUNERAL I director, page 3 be filed with the 23A. SIGNATURE 23s ADDRESS 23c DATE SIGNED ATTENDING PHYS MED DIRECTOR [] STAFF PUTYS Eleven East Chase Street 24A. BURIAL, CREMATION, REMOVAL (Specify) 24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BALTI MORE, REDEEMER 25A. DATE REC'D BY HEALTH DEPT. 25s, NAME OF REGISTRAR 25¢ FUNERAL DIRECTOR VR A15 (4) AUG 9 15 9/60 Corner S. France H.W. MEARS & SON 805 N. CALVERT



physician

attend

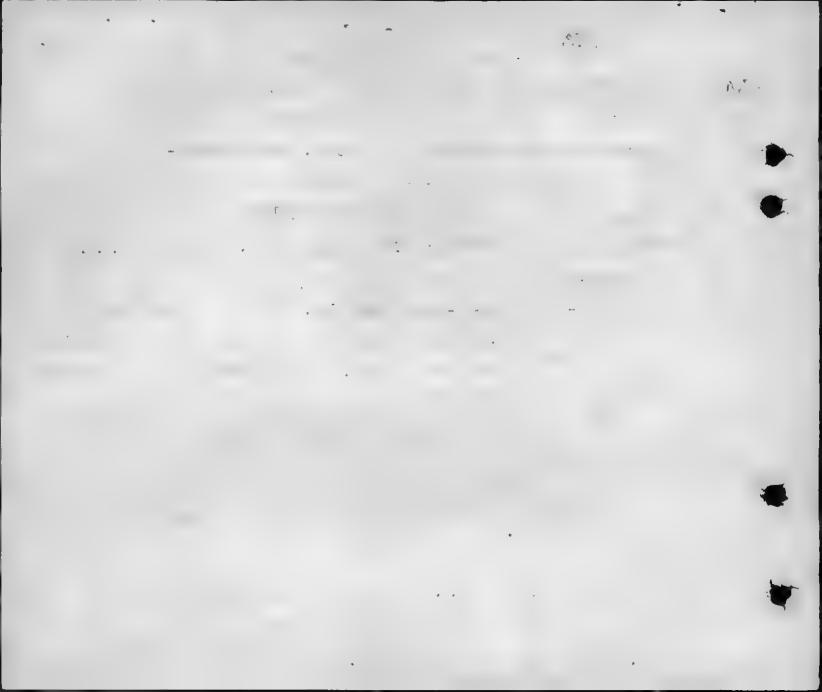
Ö

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH

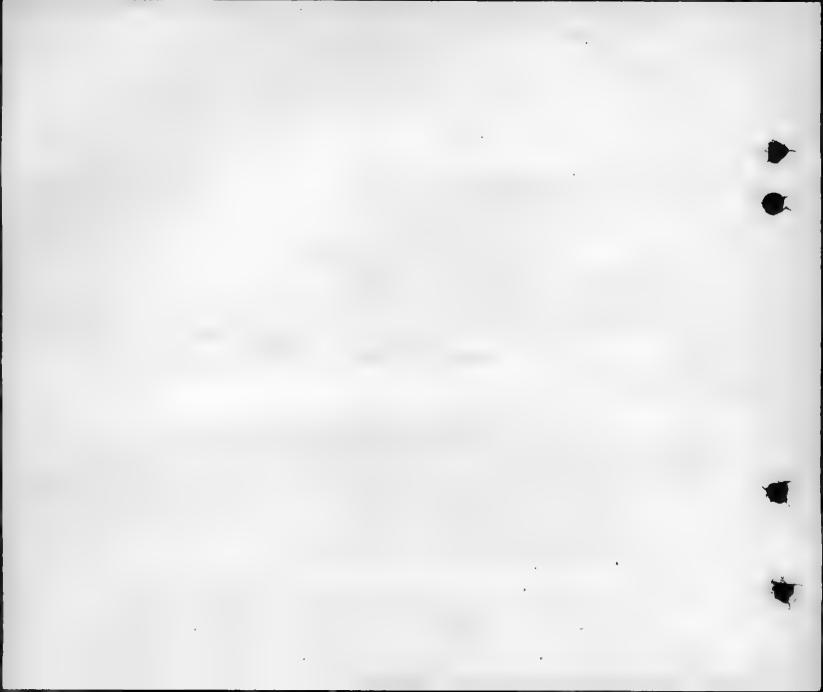


Year

19 (2

(Stote)

SIGNED



VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 08860

	PLACE OF DEATH		SIDENCE (Where decees		sidence before admission)
	Baltimere MARYL	a. STATE	larvland	b. COUNTY	timere
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)		IOWN (If outside corporate		
	Baltimore 12	Baltimo	re 12 (Rege	rs Forge)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ss) d. STREET AI	DDRESS	9.7	e. IS RESIDENCE ON A FARM?
-	512 Murdeck Read	512 M	lurdock Road		YES NO
3.	NAME OF F.751 Middle DECEASED	Last	4 DATE	Month	Day Year
_	(Type or print) GEORGE GARDINER JOYCE		DEATH	August 20	6, 19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		E (In years IF UNDER 1 Y	
M	ale White WIDOWED DIVORCED	☐ May 6, 18			eys Hours Min.
	. JSUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLAC	E (County & State, or fore	gn country) 12. CITIZ	EN OF WHAT COUNTRY
	chimist- retired Grown Cork & S	Seal Maryla	nd	Ţ	JSA
13.	FATHER'S NAME	14. MOTHER'S A	MAIDEN NAME		
1	William Joyce	Ann	ie Holt		
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	. 17. INFORMANT		Address	
_ ``.	Yes WW I 216-14-1302	Family Rec	ords		
11	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	.)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o sens	e Cano	mara	ONSET AND DEATH
	DUE TO			Drug pres tal	
	Conditions, if any, which (b)				
	geve rise to immediate cause				
	(e), selling the underlying				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEASE CON	DITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
일					PERFORMED?
100	206 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY O	CCLIRED. (Enter nature of it	niury in Part I or Part II of it	lem 18.1	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
142		2De PLACE OF INJURY (Ho		own) (Count	ly) (State)
MEDICAL	Hour a.m. While Not While P.m. 19 at work et work	fectory, street, office bl	idg., etc.)		
	21. certify that () (this hospital) attended the deceased	from. 2.1.2	19 5.6 to?	7/2/ 19/	that (I) (yes) las
		nd that death occured	2		
	22e. SIGNATURE		1	- y	/ 22b. DATE
	D. With and a second	A.D. PHYS.		TAFF HYS.	7/20 / IGNED
	22 PHYSICIAN'S	22d. ADDRE	SS		6/-6/61
	NAME TYPER. FREEMAN JU	3 ///	V.294	TT.	1
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE	METERY OR CREMATORY	236 LOCATIO	N (City, town or county)	(State)
	REMOVAL (Specify)	Luthern Cem	Blenhe	im, Balto,Co	Md.
_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1	Se. REC'D BY REGISTRAR	1	
	ohn Burns' Sons, Towson, Maryland		PATE AUG 3 0 '61	0.4	Le .
10	ATTI MATTER PATTY & TAMBOTT STATE		70000	Cilly 8 1	T- Alexander

0 17 3 fit 18 0

and 2 should be fixed with

s ofter death. Page 4

within 24

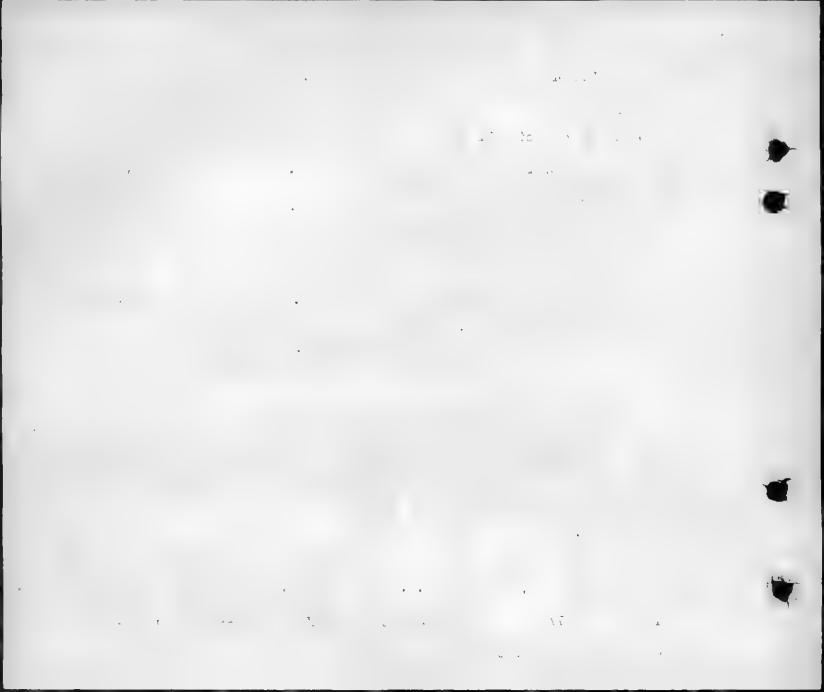
to buriol, cremation, or remayal, and in any event, within 72 haurs after death ottending physicion.
entificate has been signed by the attending physicion and camparities the buriel transit permit. Then please remove acrobin papers as the buriel transit permit.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, may be and by the haspital detending physician.

TO FUNERAL DIRECTOR: After the entiticate has been signed by the attending physician and camp. page 3 shauld be detached far the State Board of Health priar

VR A1S (4) 15M 9/59

1	PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESH 0. STATE Md	DENCE (Where deced	sed lived. If institution b. COUNTY	Baltimo	re admission)
	RURAL and give n Towson		2. LENGTH OF STAY IN 16	li	OWN (If outside con	rporole limits, write R	URAL and give ne	arest town)
	OR INSTITUTION	TAL (If not in hospitol, give street a Convalescing 1	oddress) RX Home	d. STREET A	DORESS 30 York Ro	oad		e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	Robert	Henry	Keene, los		Angue		^{Yeo} 61
5.	male	6. COLOR OR RACE 7. MAR White WIDOW		8. DATE OF BIRT	29, 1866	9 AGE (In years lost b rthday) 94 yrs	Months Doys	Hours Min.
	during most of wor	ON (Give kind of work done 10b king life, even if retired)	GILKBI	MA.	RULAI	VD		rica
1		s Henry Keene			mayben name za Emory '	Travers		
li e	(WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 177	ECOM ECOM	PTEF	-VNERE	LSE	PICE
		ATH Enter only one couse per I	ine for (o), (b), and (c)		1			ERVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)							
	Conditions, if any, which) The SURMAN DIBULAR NODE (PRIMARY SITE							
	gove rise to immediate							
	couse (o), stoting the under:							
CATION	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subsetence \text{NEADLIZED} \) ARTERIO SCLIERUS S.S.							
CEPTIE	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a. m. 19 White Not while of work of twork of twork of two the control of two							
	21 I certify that (1) (this hospital) attended the deceased from 9 46							
	220 SIGNATURE PLUTIS E			M.D. PHYS		STAFF PHYS		275 DATE SIGNED 8/24/61
	22c. PHYSICIAN'S NAME (Type)	Thaddeus C. Siv	rinski, M.D.	22d. ADDRI 20		sylvania A	venue, I	bwson, Md
2.	BURYLE Dec fy	8/7/61	23c NAME OF CEMETERY COld Trinity		y 23d LO	cation (City, fown, or creek	, Maryla	nd (Stote)
	FUNERAL DIRECTOR		ADDRESS	and	250 REC'D BY REC		STRAR'S SIGNATU	
	LeCompte F	uneral Home, Ca	mortage, mary	and	DATEAUG 9	'61 au	Chur S. Firm	uk



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions a. COUNTY a. STATE M **b.** COUNTY Balt imore Baltimore by the land 2 sidesth. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete I-m ts, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give neerest town) X Arbutus 2vrlimth26dvs Catonsville ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address d STREET ADDRESS 2017 Hammonds Ferry Road HOSPTAL 3. NAME OF Month DECEASED Kellv August Matabel (Typa or print) DEATH 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) | Months female WIDOWED A physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME piease attending Samuel Cooper Ida Mindy 15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Addrass loval, [Yes, no, or unkown) | (If yas give war or datas of sarvica) Records: the 18. CAUSE OF DEATH [Entar only one cause per line (c. (a), b), end (c). PART I, DEATH WAS CAUSED BY: Septicemia IMMEDIATE CAUSE (a) DUF TO Sub-acute bacterial endocarditis Conditions, if any, which gava rise to immediate cause KDEXX Lung, pancreas, spleen abscesses (a), stating the underlying with PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY certificate 20a, ACCIDENT WAS UNDERLYING ! 20b DESCR.8E HOW IN. URY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, IC ty or town) Month, Day, Year Not While factory, streat, office bldg., alc.) 21. I certify that Of (this hospital) attended the deceased from. Parch 12 .18 , 1961, that (I) (we) last Aug saw the deceased alive on... Aug. 18 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S GROVE StellaWachsler. h. D NAME (Typa) Catonsville 28. Karyland filed 1 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 0 URCAL REC'D BY REGISTRAR 256. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

61

YES NO T

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO [

> > (Stelle)

226. DATE

SIGNED

IF UNDER 24 HRS.

15M 9/60



LARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if Institutions Residence before admission a. COUNTY COUNTY Bal timore MARYLAND York Kings b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Sheepshead Bay, Brooklyn Fort Howard 15 Days
d. NAME OF HOSPITAL OR INSTITUTION (III not an hospita, give steet address) d. STREET ADDRESS n. IS RESIDÊNCE ON A FARM? YES NO Veterans Administration Hospital P.O. Box 19 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH 19 61 JOHN KENNEDY AUGUST 20 5 SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIET last birthday Months Male White WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11, B.RTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired? Packing House Brooklyn, New York U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Kennedy Mary Ann Lyons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) , (Ifyasgiva war or datas of sarvica) Yes Clin. Rec. VAH, Balto. 18, Md. Ft. Howard Division WW 18 CAUSE OF DEATH [Enter only one cause per line for (a), [b], and [c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY, BRONCHOPNEUMONTA DAYS IMMEDIATE CAUSE (a) GENERALIZED CACHEXTA MONTHS Conditions, if any, which INCOMPLETE OBSTRUCTION gava risa to mmadiate causa (a), stating the underlying CARCINOMA OF RECTUM YFARS PART 1. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NGC (2Db DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 2Do. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 2Dc. TIME OF INJURY Month, Day, Year Not While factory, streat, office bldg., atc.) While at work at work 1961, to......8/20/......, 161., that (1) (we) last 19.61 and that death occurred 9:45 Afrom the causes and on the date stated above saw the deceased alive on.... 22b. DATE 22a SIGNATURÉ SIGNED DIRECTOR PHYS. XX PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) VAH, BALTO 18, MD. FT. HOWARD DIVISION 123d. LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY 23a, BUR AL, CREMATION, 236 DATE THEREOF REMOVAL (Spec fy) Holy Cross Cemetery Brooklyn, New York Removal 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE DATE ALIG 2 2 61 arthur S. Kraus Wm. Cook-Elight Funeral Home - Baltimore, Md.

funeral

2 E

by th

Pages filled

remove

please attending

permit.

signed cremation, burial-transit

has

certificate

the

eg eg

physician

Brooklyn,

4)

AV

der

Sny

Ноше

uner

ook

ter

director, be filed

OH

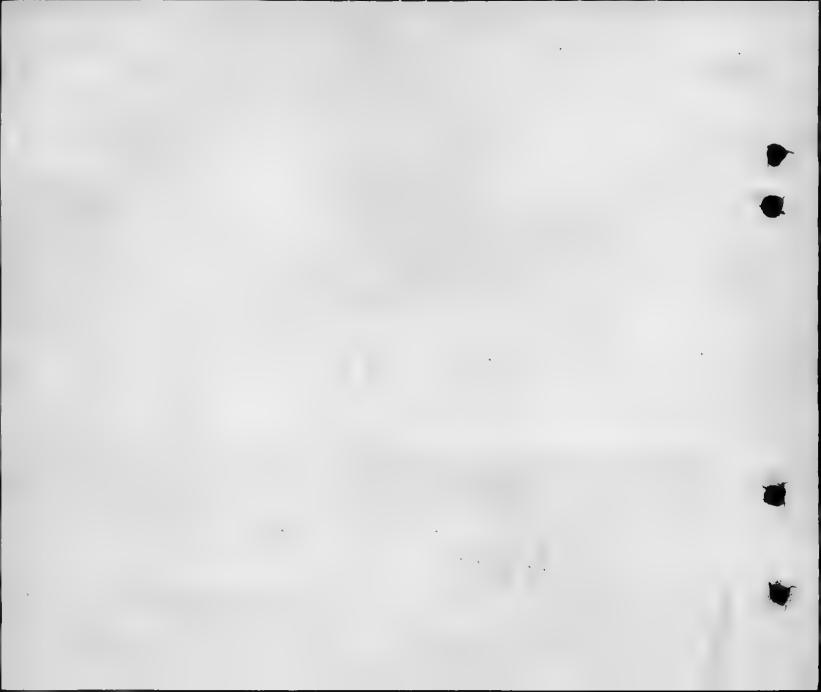
VR A15 (4)

15M 9/60

5



ARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN lif outs'de corporate lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate amits, write RURAL and give nearest fown) write RURAL and give neerast town) ATONSVILLE PATENSUILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) OVERBROOK 3. NAME OF M'ddle DECEASED DRUCILLIA DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday | Months 10e. USUAL OCCUPATION (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY done during grost of working life, even if refired) HOUSEKEEPER HOME 14. MOTHER'S MAIDEN NAME 15ABEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT (Yes, no. op/unkown) | (Ifyesgivewarocdatesofservice) 4 Ohnles R. Kersher V 3 Oresbyo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). MMED ATE CAUSE (a) Bronchs - Incomes gava risa to immediata causa (a), steting the underlying 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20t. (City or town) (State) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., etc.) While Not While Hour a.m. el work el work 21. I certify that (I) (this hospital) attended the deceased from 1-15, to 8-1-, 1961, that (I) (m) last saw the deceased alive on. 8 - /- 1961., and that death occured at I.M. from the causes and on the date stated above. ATTENDING 22a. SIGNATURE SIGNED DIRECTOR 22d. ADDRESS 6267 Frederick Ave. BSITIS 23a. BURIAL, CREMATION 1 23b. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



o executed within 24 hours after complet in led in by the funeral names. Pages 1 and 2 should maithin 12 hours after death.

TO HO

IL OR ATTENDING PHYSICIAN: I I we requires that the death certificate of death.

A may be retained by the hospital or attending physician.

To FUN.

L DIRECTOR: Are this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

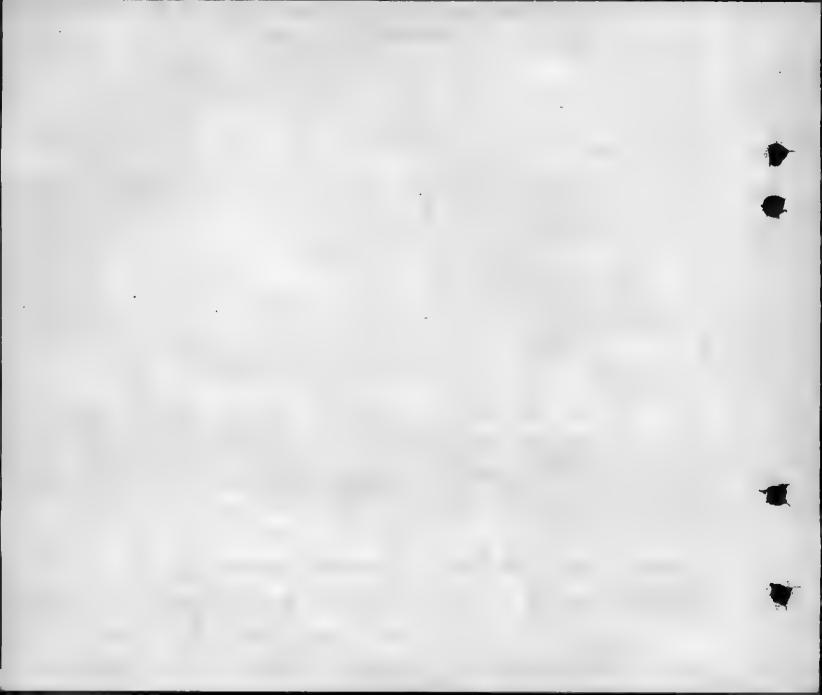
4	- COUNTY	Kesidente belose aemisson)
ļ	Baltimore MARYLAND . STATE Maryland b. COUNTY E	Baltimore
	b. CITY OR TOWN (if outside corporate I mits, write RURAL a write RURAL and give nearest town)	ind giva neerast town)
	Rockdale	_
N	d. NAME OF HOSPITAL OR INST TUTION (if not in hospital, g vo street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	3822 Victoria Avenue 3822 Victoria Avenue	YES NO
	3. NAME OF First Mode Lest 4. DATE Month OF OF	Dey Yeer
1	(Type or print) Mrs. Myrtle Irene Klaunberg DEATH Augus	£ 31 19 61
	5. SEX 6. COLOR OR MACE 7 MARRIED NEVER MARR ED , B. DATE OF BIRTH 9. AGE (In yours I UNDER last birthday) Months	REYEAR IF UNDER 24 HRS.
1	L temale white widowed □ DIVORCED □ ' Uct. 6. 1896 64 yrs.	
1	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired,	TIZEN OF WHAT COUNTRY?
	Housewife Baltimore, Maryland	U.S.A
	13. FATHER'S NAME	
-	Thornton Grace Simering	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (Ifyes g. vewer or detes of service)	
1	Mr. Willian Klaunberg	same
1	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c)] PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ı	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardeal Infanction	
	P T DUE TO	
1	Conditions, if eny, which (b) Hypertensive arterioscerotic hart disease	
1	(e), steting the underlying DUE TO	
Ì	cause lest. (c)	
	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	PERFORMED?
i		YES NO
	20s ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II or Part II of Item 18.)	
		ounty) (Stete)
	Hour a.m. While Not While fectory, street, office bldg., etc.)	oduta) (21ete)
ľ	p.m. 19 et work at work	- (1 . (6)
	21. I certify that (I) (this hospital) attended the deceased from any 31	
į	saw the deceased alive on	the date stated above,
/	220. SIGNATURE Och O. Korrell M.D. PHYS. DIRECTOR PHYS.	SIGNED
1	22c. PHYSICIAN'S 22d. ADDRESS	
	NAME (TYPE) JOHN J. DARRELL 9017 LIBERTY RD.	
1	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or count	nly) (Stete)
	Burial 9/5/61 BALTIMORE Cem. BALTIMORE	e Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S CARLON A. CARLO	SIGNATURE
	Leonard J. Ruck 5305 Harford Road #14 DAGEP 7 '61 anthon S.	/ CLAMA
ı	0	



Pape

prior

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



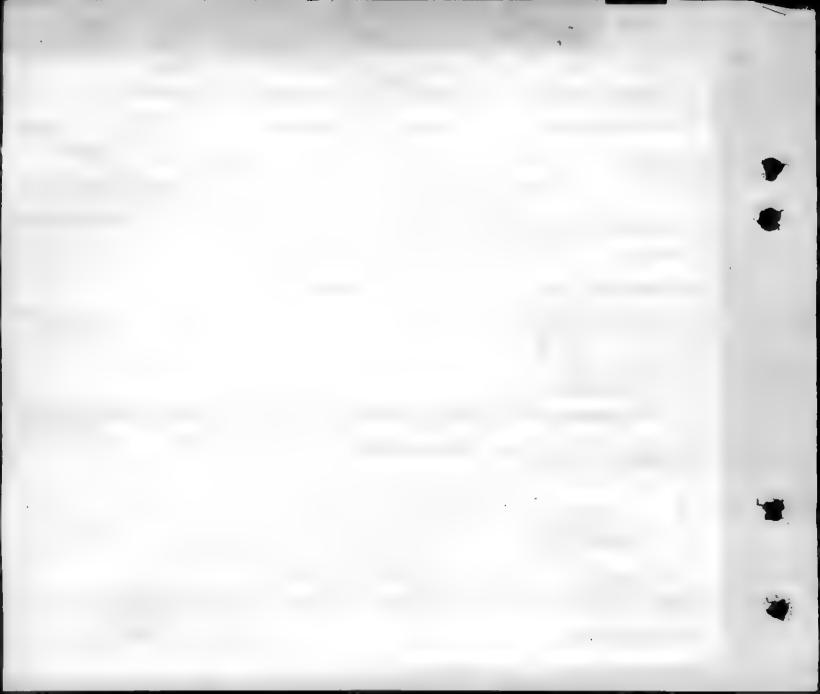
CERTIFICATE OF DEATH 8874 Reg. Dist. No. 1 (il director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY Baltimore **b.** COUNTY MARYLAND death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 /c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe Pe RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS o. IS RESIDENCE ON A FARM? OR INSTITUTION YES NOT NAME OF DECEASED First 4. DATE Middle Last Month Year DEATH August 16. (Type or print) Krank Kurek 1.961 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys DIVORCED [7] Male WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Pulmonary Edoma **DUE TO** Conditions, if ony, which Acute Myocardial Failure gove rise to immediate **DUE TO** couse (o), stating the underand lying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CATIO TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES FT NO 🖪 Picht heminoles is second
200. ACCIDENT WAS UNDERTYING LP 20b. DESCRIBE HOW
OR CONTRIBUTING I CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) Corobral ő 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour D. m. Not while of work of wark 1959, to Aug. 16, 1961, that I last saw the deceased 21. I certify that I attended the deceased from NOV . 2] and that death accurred at 6:45 P.M. from the causes and an the date stated above. 1963 ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE August-17-161 P PHYSICIAN'S F. NAME (Type) Theodore 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY FUE (State) page REMOVAL (Specify) MIS LAUS 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR VS A15 (4) -501/5 INC. 41/5. CH

after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEAR CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE OF DEATH (Type or Print) 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution pue A. STATE s. COUNTY HI NOT IN HOSPITAL OF INSTITUTION, GIVE STREET **FULL NAME OF** HOSPITAL OR 12 13-FAIR FIELD INSTITUTION (If autside city limits, write RURAL and give township) (If rural, give location) pa S. SEX 6. COLOR OR RACE SINGLE, MARRIED. 9. AGE (in years last birthday) If Under 1 Yr. If Under 24 Hrs. WIDOWED, OWNERED (Specify) Months Days Hours Min. MARRIED 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF гетоме if retired) WHAT COUNTRY? CONSTRUCTION WELDER physica 13. FATHER'S NAME attending JOSEP H HOLLAR ang 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT Yes, na or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. NONE 6-07-4585 CHARLES a. BAADFORD permit. attending physician, as been signed by the 18. INTERVAL BETWEEN à ONSET AND DEATH DISEASE OR CONDITION DIRECTLY cremation, the burial-transit burial, cremation, LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES has DISEASES OR CONDITIONS, IF ANY, GIVING PHYSICIAN: the haspital or this certificate h ö RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST CERTIFICATION prior 950 this co OTHER SIGNIFICANT CONDITIONS CONTRIBUTING tached for TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. LE OPERATION WAS RELATED TO 184. DATE OF OPERATION 198 EGNITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? NO 22. I certify that (I) (this hospital) attended the deceased from may be re ... that (I) (we) fast saw the deceased alive or and that in (my opinion death occurred at ___m., from the causes and on the date stated above. Page 4 23A. SIGNATURE page with th 23s ADDRESS 23c. DATE SIGNED ATTENDING PHYS. MED DIRECTOR [7] 24A. BURIAL, CREMATION, 24s, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION REMOVAL (Specify) 4 4 0 4 0 8-9-61 JESSOPS BURIAL 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR VR A15 (4) 15M 9/60



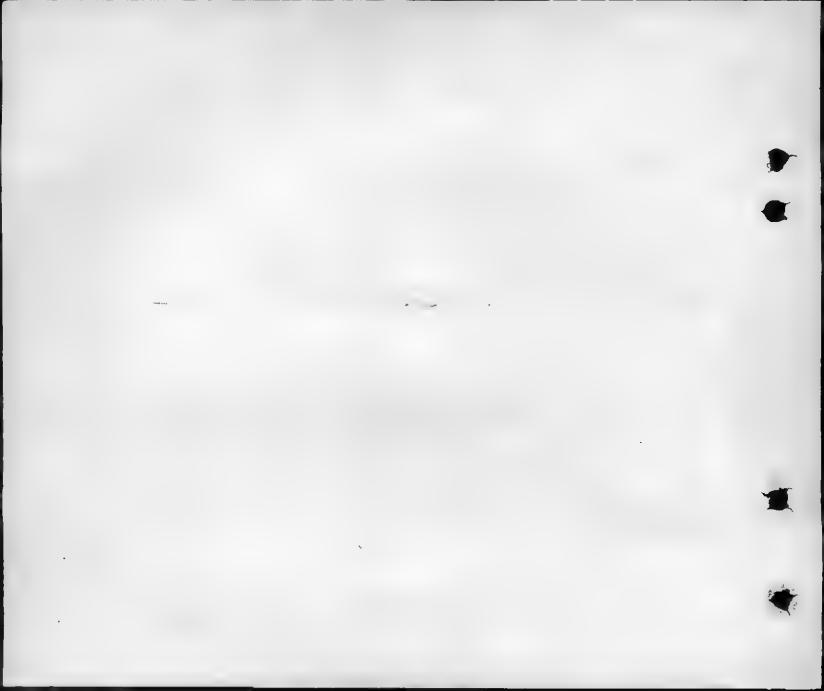
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

118869

8875 ers after death. Page 4 by the funeral directar, if 2 should be filed with PMYSICIAN: The law requires that the death certificate be execute or attending physic an. certificate has been signed by the attending physician and care certificate has been signed by the please remave carban pape burial, crematian, ar removal, and in any event, within 72 haurs. moy the hasp the hasp of certific page 3 shauld be detached for use as the the State Board of Health prior to bural. OR ATTENDING

								~~	
F	PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE G. STATE	•	lived. If institution b. COUNTY	_		
_	<u> </u>		I PARENTI OF CTAVIDADA	MARYL			BALT		
- 1	RURAL and give ne	outside carporate limits, write arest town)	c. LENGTH OF STAY IN 16	E CITY OR TOWN	(If outside corpora	te limits, write Ki	TKAL ond give	negrest to	wnj
	FULCULA		1-15-6	E CILLET	ERTON.				
-	d. NAME OF HOSPITA	AL (If not in hospital, give street	oddress)	d. STREET ADDRES				e. 15 R	ESIDENCE
	OR INSTITUTION		·	14-201 FUL		AMIZ		ON	A FARM?
	4201 FC	LLERTON AVE		17-4-201 HOL	-CE(< (OD.	14000.		YES	NO W
. !	NAME OF	First	Middle	Last	4. DATE	Mon	th	Day	Year
	DECEASED (Type or print)	WALTER	ΙΞ	LABSAHN	OF DEATH	8		2500	19 G L
	***		,	7			IF UNDER 1 Y		
3	SEX	6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	,	lost birthday)	Months Do	\rightarrow	
1	MALLE	WHITE WIDOW	ED DIVORCED	10/30/18	394.	66 yrs.		7. 11001	1 1400
Qα	USUAL OCCUPAT O	N (Give kind of work done 10b	KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE IS	State or foreign cou		12 CITIZEN	OF WHAT	COUNTRY?
	during most of work	ing life, even if retired)			1 1.0		0.5	Δ.	
	CETTRED	MECHANIC.	Q001	13~LT11				• .	
3.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
	FREDE			ELIZAB	LETH, DO	MER.			
	WAS DECEASED EVER		SOCIAL SECURITY NO 17.	INFORMANT		Adda	ess		
٧	LE-S	If yes, give war or dates of service)	115-32-8087	MARTHA 1	MAZON	4201 F	ULLERT	A GO	NE
٦	18. CAUSE OF DEA	TH Enter only one cause per	ine far (a), (b), and (c)]					NTERVAL	
	PART I. DEA	TH WAS CAUSED BY:	ar cin om at	ann				ONSET AN	D DEATH
		IMMEDIATE CAUSE (o)	La Cebri Giri C.	0-2-0-3			-		
J		DUE TO 🧪) 0	. 6	1				
1	Conditions if or	ry, which) (b)	Dron thogas	nia Curc	enomo	Larg			
	gove rise to in	nmediate	()						
	couse (a), stoting	he under- DUE TO							
	lying couse lost.) (c)							
5	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1	a) 19. WA	S AUTOPSY FORMED?
5	Pluz	tatu blistme.		cardial D			solver.		NO E
CERIT	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCHURR	ED (Enter noture of injur	ry in'Adrt I ar Part I	I of item 18 }			
ť	20c. TIME OF INJURY	Y Month, Doy, Year 20d	INJURY OCCURRED 200 P	LACE OF INJURY (Home,	form 20f /City o	r Inwa)	[CoJ	ntu)	(Stote)
ś	Hour o m	While	f.	octory, street, office bldg		,, ,,,,,	(00	,,	(310.4)
) Net	p m,		rk ot work						
	21 I certify tha	t (l) (this hospital) atten	ded the deceased fram.	Oct	1959 10 (کار کا ک	19.6	that (I)	(we) last
	saw the deceas	ed alive on Ctuse 1	819_61, and that	death accurred at	La M. from t	he causes an	d on the d	ate state	ed above
	220 SIGNATURE		*		-	100000000000000000000000000000000000000	0.011.7110_0		225 DATE
		John Cithe	Z.	M D PHYS	MED DIRECTOR	STAFF PHYS	ے ''کی	78-	CHIGNED
	22c PHYSICIAN'S NAME (Type)	(Latter 1)	11/0	22d. ADDRESS	12.00	ein die	130	1.12 0	_
		A DILLIA COL	HYIL	(3)	1 12640	AL DE	7		<i></i>
За	BURIAL CREMATIO	N, 23b DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATE	ON (City town,	or county)	(S)	tote)
	REMOVAL (Specify)	a locking	PARKWOOD.			LTO C	~	Mi	
	BURIAL	10/20/1961					TDAD'S SICAL	ATLIBE	·
4	FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS	A 14 250	REC'D BY REGISTR	AR ZSb. KEGIS	STRAR'S SIGN		
	Lassah	. Cuneral Hor	ne 7401 Belai	ROSED 6 MIDATI	AUG 3 0 '6'	اسا	ring S. M	raids	

TO FUNE TO HOS VR A3S (4) 15M 9/59



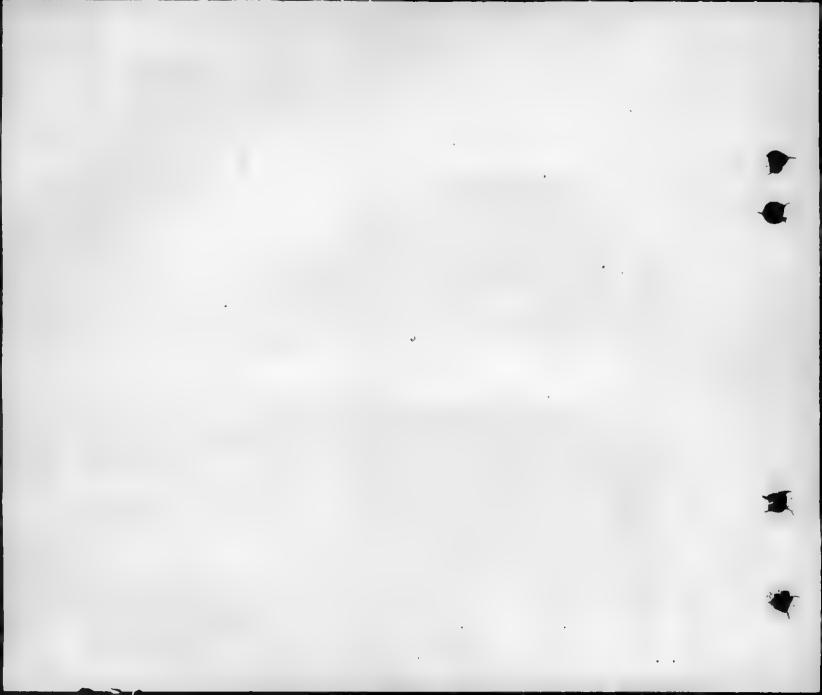
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

8877

08870

T-	t em 2 Film G 293	8/9E/61		
1. PLACE OF DEATH Baltimore	MARYLAND	2 USUAL RESIDENCE (WI		on: Residence before admission) /
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11e	c. LENGTH OF STAY IN 1b	1	outside corporate limits, write RU Solomons Isla	
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Forrest Haven Nurs		d street address /3/3/14/g/g/s	/de/K/e/	e IS RESIDENCE ON A FARM? YES NO TEL
3. NAME OF DECEASED (Type or print) MARY E. LEATH)	Middle ERING	Lost	4. DATE Mont OF DEATH Aug. 14,	
Female White Widow	RIED NEVER MARRIED DE DE NEVER DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday) 7/ yrs,	Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDU	Maryland		12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
John H. O'Bery		Lulie Cl	ocker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] [[If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17 IF	NFORMANT	Addr	633
	unknown	Nursing Home	Records	
18. CAUSE OF DEATH [Enter only one couse per fine part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), ond (c).	E You	goraber &	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO				
PART II OTHER SIGNIFICANT CONDITIONS 20a ACCIDENT WAS UNDERLYING 1 20b. DES OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO E
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of ilem 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o.m. 19 of wo	Not while fo	ACE OF INJURY (Home, farn clory, street, office bldg, etc		(County) (State
21 1 certify that (1) (this haspital) attended as the deceased alive an		470		d an the date stated above
22c. Physician's	Toulon		STAFF PHYS	22b DATE SIGNED S/15-/6
NAME (Type)				
23a BUR AL, CREMATION, 23b DATE THEREOF BREMOVAL (Specify) 8/16/61	23c NAME OF CEMETERY C		23d LOCATION (City, town, of Calvert Count)	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
A.A.Harkness & Son. Mutu	al Calvert Co.	Md. DATE AL	ic 1 9 161 Ch	Thur S. Kraus

within 24 haurs after death. Page 4 ely filles - by the funeral director, Pages 1 and 2 should be filed with **DEUNEABLI DIRECTOR:** After the sertificate has been signed by the attending physician and care by fillings 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death, AL OR ATTENDING FMYSICIAN: The law requires that the Weath certificate be executed or attending physician. moy. Pained by the hasp TO HOSE VR A15 (4) 15M 9/59



filled

phys

gned

peen

has

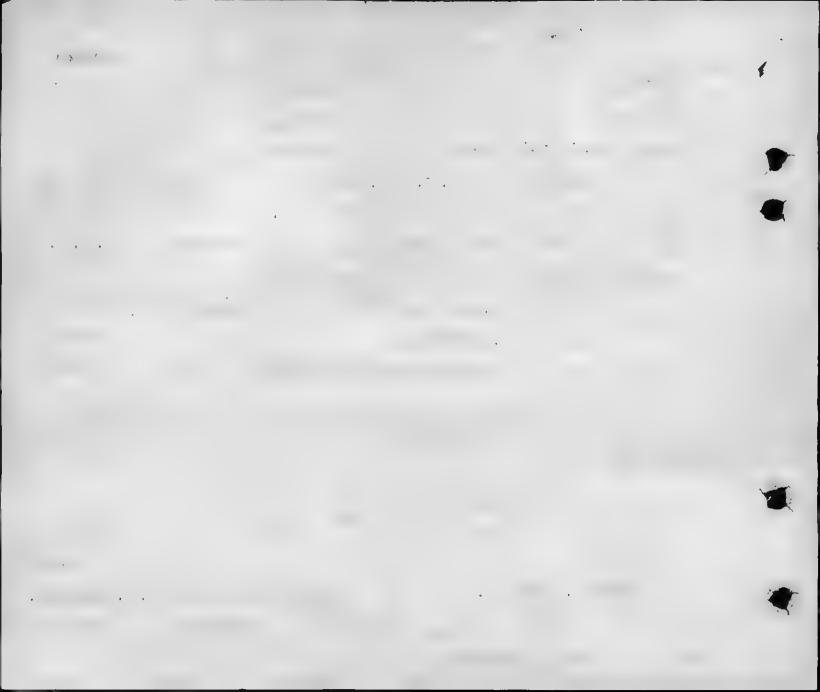
cert,fical

may be

Age 4

hosp.tal

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution; Residence before admission) e. COUNTY IMUDE MARYLAND b. City OR TOWN (if outside corporeta limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporeta limits, write RURAL end give neerest town) write RURAL and give nearest town! \mathbf{d} d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress) e. IS RESIDENCE ON A FARM? NONE YES NO X 3. NAME OF 4. DATE Year Middle 100 100 OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 SEX lest birthdey) Months Days Mours WIDOWED K DIVORCED 10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) RET. FARMER HAMPSHIRE 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME WILLIAM LEWIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT BROWN. (Yes, no, or unknwn) (styesgive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause pe line for .et, (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gave rise to immediate cause DUF TO (e), stelling the underlying couse fest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART Lail 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour e.m et work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on ATTENDING SIGNED PHYS. PHYS. 22d. ADDRESS NAME (Type) 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or 23a, BUR AL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) BURLA 25e, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

DATE AUG 2 2 '61

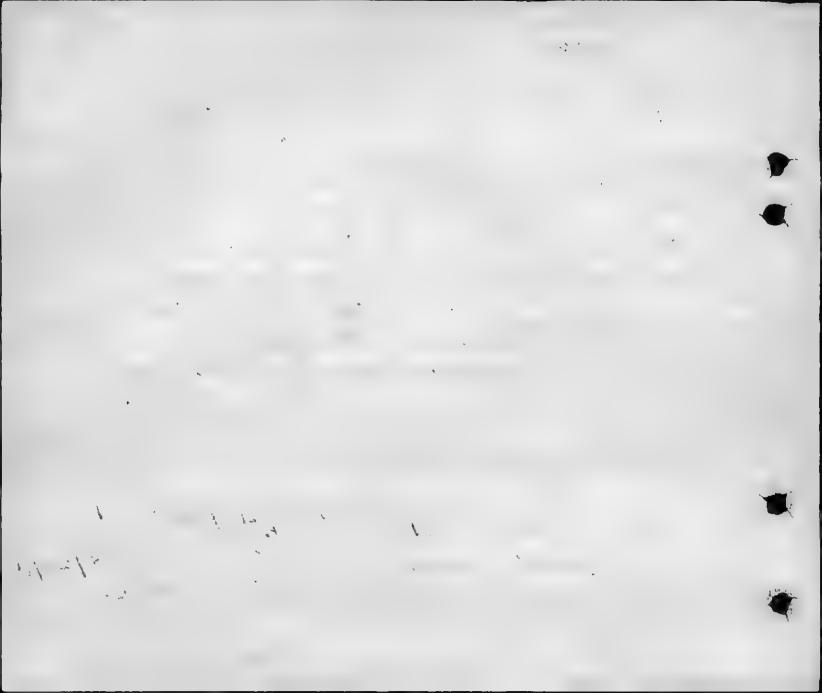
We will be seen to be refused as a second of the second of

funeral

by the

attending I Then please val, and in

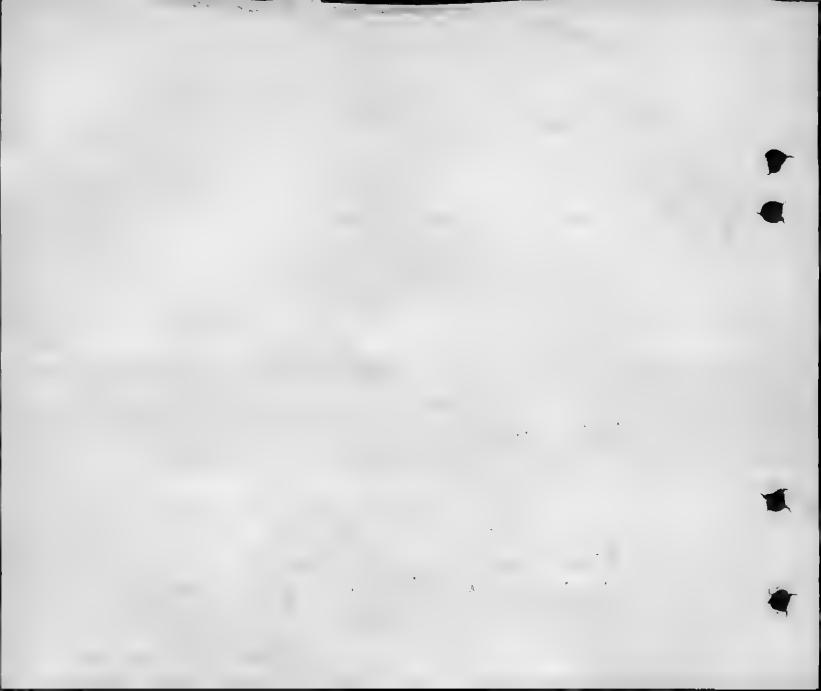
0



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution; Rasidanca before edmission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate him ts, 2 wate RURAL end give neerest town) be . IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF DECEASED OF (Type or print) DEATH 196 AGE (in years UNDER 1 YEAR iast birthday) Months Days IF UNDER 24 HRS. 5. SEX Months Davs Hours WIDOWED Z 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. B RTHPLACE 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) (If Vesgivewer or detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for ONSET AND DEATI PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve tise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11811 19. WAS AUTOPSY PERFORMED? NO V 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. [City or town] (County) (Stata) While Not While factory, street, office bldg., etc.] at work et work 21. [certify that (I) (this hospital) attended the deceased from194. and that death occurred at 75...M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type 23d. LOCATION 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 节岛 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 **SEP** 5 '61 arthur & H

DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Baltimore Baltimore Marwi and files. MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL end give neerest town) your d of Fullerton Fullerton d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street eddress) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? h9h0 Hazelwood Avenue 1910 Hazelwood Ave. YES NO 3. NAME OF Middle DATE V--DECEASED OF (Type or print) DEATH 26 CLARENCE LUKEN 61 G. August 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR ! IF UNDER 24 HRS. lest birthday) Months Haurs Male WIDOWED DIVORCED ம் நூ 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY . 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired! pages | within 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (ifyes give wer or detes of service) 18. CAUSE OF DEATH [finier only one cause per line for (e), (b), end (c).] long ansit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gunshot Wound of Head. Office DUE TO Conditions, if any, which geve rise to immediate cause m **DUF TO** (e), steting the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19, WAS AUTOPSY PERFORMED? NO F plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Ilam 18) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Shot self in head. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) Month, Day, Year (County) (Stete) * factory, street, office bldg., etc.) While Not While Hour SEDECK Fullerton Baltimore the Home Md. et work at work ö p.m ;; O P 0 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inqu'ry and in my opinion forwarded I death resulted from. Acciden Suicide 30 Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED should be fo SIGNATURE DEPUTY MEDICAL EXAMINER [8/27/61 EXAMINER'S Charles S. Petty. NAME (Type) Address (Street, city, lown, or county) should DE 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY N. 220 BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOYAL (Specify) Q 40 9 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 2 9 '61 VS. ATSME arthur S. Krand 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH () E 276
Figure 1 Page 1. Page	1. PLACE OF DEATH •. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) •. STATE Maryland b. COUNTY Baltimore
r is necessary director. Pag or your files. and of Health	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
fay is ral dii for Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE
funeral funeral funeral for since for sath.	Bridge #3, Warren Road / 3204 Second Avenue
If any so the funer a retained the State er death.	3. NAME OF DECEASED (Type or print) DORIS MARGARET MACAULEY Dearn Found August 2
100年第一	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS. 1. AGE (In years IT UNDER 1 YEAR IT UNDER 24 HRS. 1. AGE (In years IT UNDER 1 YEAR IT UNDER 24 HRS. 1. AGE (In years IT UNDER 1 YEAR IT UNDER 24 HRS. 1. AGE (IN years IT UNDER 24 HRS
thours afte Pages 1, 2, A3. Page 5 ages 1 and Athin 72 ho	10s. USLAL OCCUPATION (Give kind of work done during most of working life, even if religed) 10s. KIND OF BUSINESS OR INDUSTRY #. BIRTHPLACE (State or foreign country) 10s. USLAL OCCUPATION (Give kind of work done during most of working life, even if religed) 10s. KIND OF BUSINESS OR INDUSTRY #. BIRTHPLACE (State or foreign country) 10s. USLAL OCCUPATION (Give kind of work done during most of working life, even if religed) 10s. KIND OF BUSINESS OR INDUSTRY #. BIRTHPLACE (State or foreign country) 10s. USLAL OCCUPATION (Give kind of work done during most of working life, even if religed) 10s. KIND OF BUSINESS OR INDUSTRY #. BIRTHPLACE (State or foreign country) 10s. USLAL OCCUPATION (Give kind of work done during most of working life, even if religed) 10s. KIND OF BUSINESS OR INDUSTRY #. BIRTHPLACE (State or foreign country) 10s. WHAT COUNTRY? 10s. KIND OF WHAT COUNTRY? 10s. KIND OF BUSINESS OR INDUSTRY #. BIRTHPLACE (State or foreign country) 10s. KIND OF WHAT COUNTRY?
within 18. Give 18. Give 18. Give 19. Given 19	Jeonge H. Macauley Sr. Emma D. Dietz 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Hyasgivawarordalasofsarvica) Mr. George H. Macauley, Jr. same
e execuncil in it along along transit	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Drowning 975 × Due to
erificate should by "pending" in pe Examiner's Office Examiner's Office a used as a burial	Conditions, if any, which gave rise to immediate cause (a), steting the underlying cause last. (b) DUE TO (c)
: This certifi te word "pe edical Examould be use cremation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,a) 19. WAS AUTOPSY PERFORMED? YES NO 1 PRIMARY OF CONTRIBUTING
品もるよう	Found drowned Found formation of the state o
e, writing the Chief the Page 3 or to buri	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,
2 0 0 0 E	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
CAI Sortiff	death resulted from: Natural causes . Accident . Suicide X. Homicide . Undetermined manner .
State Services	SIGNATURE SIGNATURE DATE SIGNED
execute ind be full be	EXAMINER'S Howard G. Shaub, M.D. Address (Street city, lown, or county)
Please 4 show or its	22a. BURIAL, CREMATION, 22b. DATE THEREOF [Slote] REMOVAL (Specify) 8/4/61 Moreland Memorial Park Baltimore, Maryland
VS. A15ME SM 9/60	Leonard J. Ruck 5305 Harford Road #14 DATE AUG 4 '61 Cultur & three

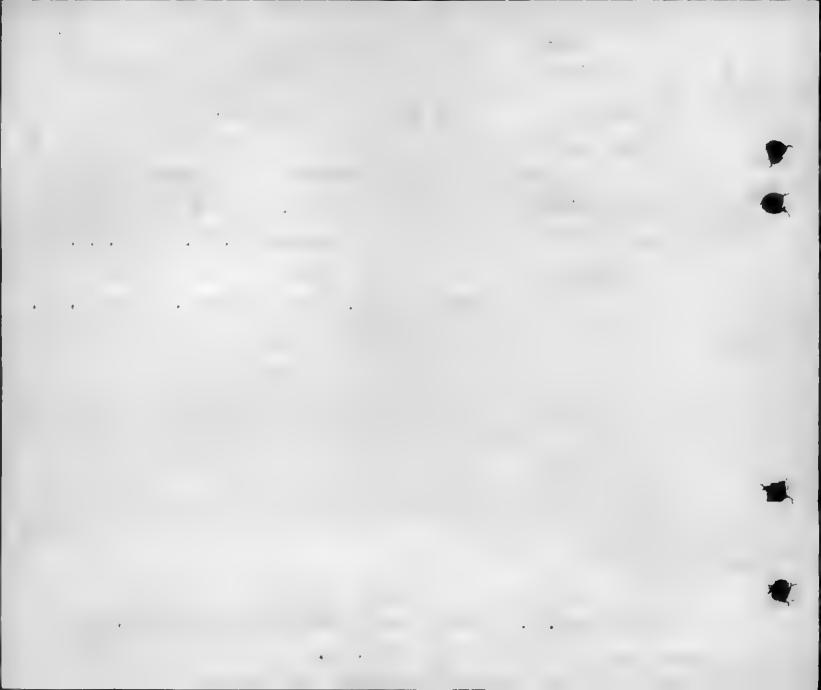


Division of STAXISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Fasidence before edm ssion) . COUNTY e. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. C.IX OR TOWN (If outside corporate limits, write RURAL and give necrest town) director. URAL end give necrest lown) d. NAME OF HOSPITAL OR INSTITUTION in hospitel, give street address? d STREET ADDRESS e. IS RESIDENCE 10 ON A FARM? 3. NAME OF DECEASED (Type or print) DEATH 19 6 5. SEX AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED I nay 2 wit 1, 2, 3 age 5 firety 1 and 2 with 72 hours a birt day) Hours WIDOWED [D. VORCED I 10e, USJA, OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) uld be executed within 24 hours in pencil in Item 18, Give Pages pages 1 M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Martin John Martin FILE Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unkown) / (If yes give wer or detectors ervice) MOS MITCH OLTMANNS 6155 PHEKLINY DRIVE Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH DIAZ NEARCTION IMMEDIATE CAUSE (+) **DUE TO** removal, Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying Examiner cause lest. (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) PRIMARY | or CONTRIBUTING | sided to the Chie. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED., 20e. PLACE OF INJURY (Home, farm, 20f., (City or Jown) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour n.m. et work at work cute the certificate 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion DIEET Natural causes Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED shmuld be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER Address Istreet, city, town, or co NAME (Type) WILLIAM 22d, LOCATION ICIN 22c. NAME OF CEMETERY OR CREMATORY 226, BURIAL, CREMATION, 225, DATE THEREOF OF REMOVAL (Specify) 0 <u>g</u> 4 ₽ 9 St. Mary's Star OF Burial Sea Sea Golden 23. FUNERAL DIRECTOR VS. A15ME Cillan S. Huma Le Compte Funeral Service, Cambridge, Md. 5M 7/59 DATE

STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY filed a. STATE **b.** COUNTY MARYLAND Md. Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town). RURAL and give nearest town) P Baltimore (Arbutus) Baltimore (Arbutus) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? SO 5116 Shelbourne Road 5116 Shelbourne Road YES NO IN NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) Ravmond В. DEATH Maxwell, Sr. August 21. 1961 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years 70 szre Months Davs Haurs Dec. 28, 1890 male white WIDOWED | DIVORCED | VIS 100 USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
bookkeeper ă Theatrical Co. Rome Maryland U. S. A. and 2 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Thomas Maxwell Annie Barlow with maye IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address event [Yes, no, or unknown] no KXXX Bertha V. Maxwell 5116 Shelbourne Road attending edse 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ℸ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lhe **DUE TO** þ Canditians, if any, which Ξ, gned gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. een rending p. rending p. rending p. rending p. rending-tro PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, form, 20f. (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (State) Haur a.m. factory, street, affice bldg., etc.) While Nat while at wark at wark saw the deceased alive an ___, and that death accurred at ____, M, fram the causes and an the date stated abave. DIRECTOR: SIGNED ATTENDING DIRECTOR -M.D. PHYS. 220 PHYSICIAN ₽ 22d. ADDRESS NAME (Type) James Frederick , M. D. Francis Avenue FUNE 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d LOCATION (City, town, or county) (State) page BEHOVAT (Specify) 8/23/61 Woodlawn Cemetery Baltimore, Maryland he 01 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 22'61 VR A15 (4) Howard H. Hubbard 4107 Wilkens Avenue #29 arthur & Krays DATE 15M 9/59



8885

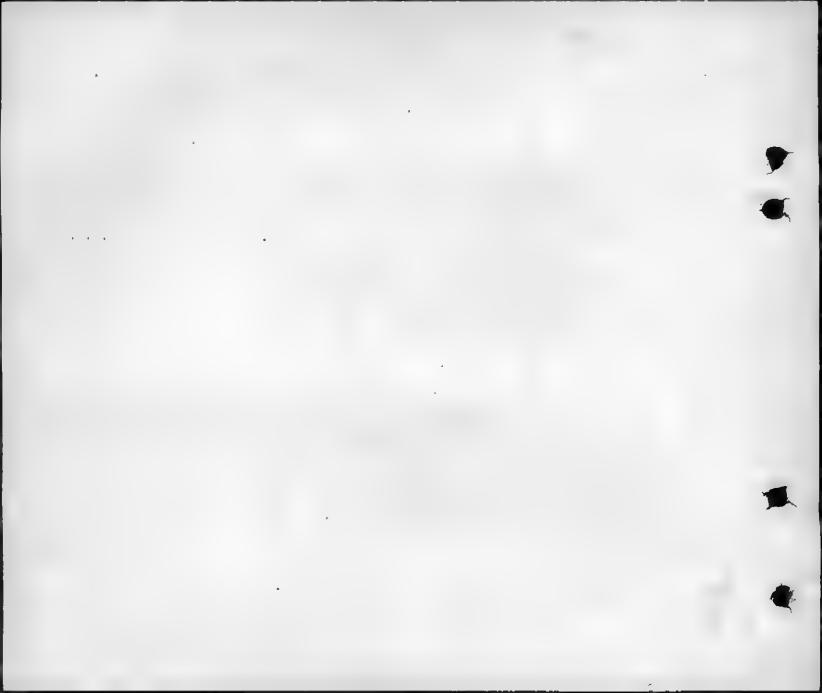
TO HOSPIT moy L TO FUNE

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

(18878

\rangle	1. PLACE OF DEATH © COUNTY	Balti more		MARY	LAND	2 USUAL RESII a. STATE	Maryl		d lived If institut b. COUNTY				ian)
>	b CITY OR TOWN (IF RURAL and give ned TOWS	autside carporate limits, v arest tawn) ON	rrite c. LE	NGTH OF STAY			rown (16 o Baltin		rate limits, write I	RURAL and	Sive ued	rest tawn	()
	OR INSTITUTION	Al (If not in hospital, give Maris Hospi		3)		d. STREET A		ckory	Ave.				FARMA,
	3. NAME OF DECEASED (Type or print)	Fist Marv		Middle Catheri		Mc Clai		4. DATE OF DEATH	%a 8/	17/61	Da		'ear -
	5. SEX	7.7	MARRIED [NEVER MARRI		. DATE OF BIRTI	H 2/1883		9. AGE (In years last birthday)	Months Months	Days Days	Hours	R 24 HR5 Min.
	10a. USUAL OCCUPATIO during mast af warki	N (Give kind of wark danking life, even if retired)	10b. KIND	OF BUSINESS C	R INDUS	TRY 11. BIRTHPL	ACE (State Penna		ountry)	12 CIT	U.S		OUNTRY
ı	13. FATHER'S NAME		.1			14. MOTHER'S	MAIDEN N	IAME					
	Wil	liam Mc Clai	n			Ca	atheri	ine No	el				
ı		IN U. S ARMED FORCES		L SECURITY NO	17, IN	ORMANT			Ado	iress			
	A A	If yes, give war or dates of service		one		Admi	ssion	Recor	ds				
		nmediate ((a), (b) and (c). Condes ADAUS	u	Ames	4				ONS	ERVAL BE	TWEEN DEATH
	CATIC	(c)	ONS <u>CONTR</u>	- 7 0	ATH BUT	NOT RELATED TO) THE TERMI			VEN IN PAI	RT 1(a) 1	PERFO	AUTOPSY PRMED?
		CAUSE OF DEATH											
	Y 20c. TIME OF INJURY Haur e. m. p. m.	20		OCCURRED Not white of wark		CE OF INJURY (ary, street, affice			r or tawn)	((County)		(State
		21. I certify that (I) (this haspital) attended the deceased fram. Sept. 19.60, ta 8/17, 19.61, that (i) (we) last saw the deceased alive an 8/16, and that death accurred at 12/14, fram the causes and on the date stated above											
	22a SIGNATURE	mnh.	w MI	Di		ATTENDIN	-	ED RECTOR	STAFF PHYS			221	b. DATE SIGNED
	22c PHYSICIAN'S NAME (Type)	Month	~ m	D.		22d. ADDR	02 E.	Joppa	Road				
grand of	236 BURIAL CREMATION REMOVAL (Specify)	N, 236 DATE THEREOF	/ 23c.	NAME OF CEM	ETERY OF	CREMATORY	al.	23d, 10 CA	TONICHY, town.		m	Stat	e)
	24. FUNERAL DIRECTOR'S	SSIGNATURE LECTOR	8116	ADDRESS 4 CC 3	lit	alf	250. REC'	D BY REGIS		ISTRAR'S SI			



5	38	8	7
 	_		

CERTIFICATE OF DEATH

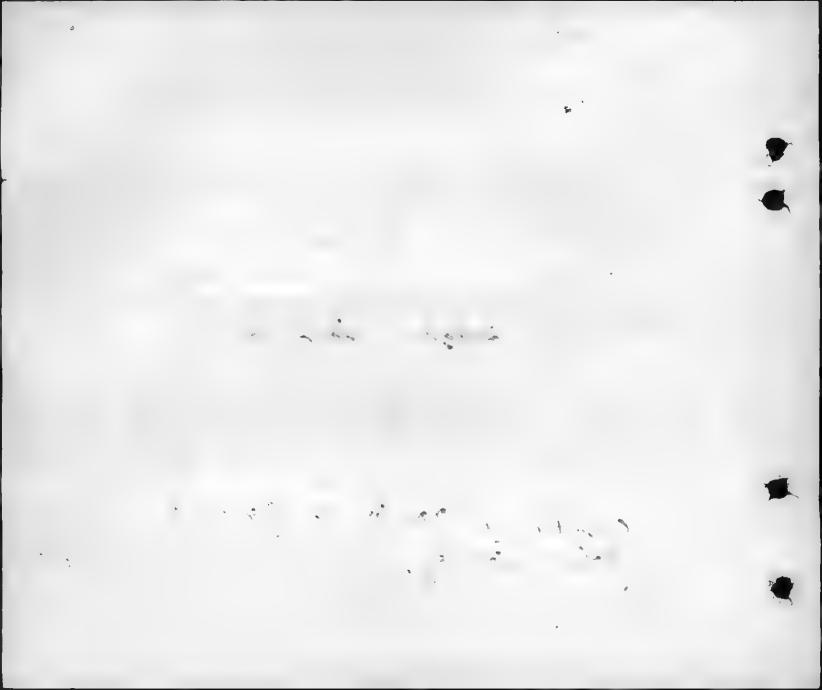
n Diet No (18879

000*		Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY LIMOTE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o STATE Maryland b	If institution: Residence before admission) County Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Ligenere	c CITY OR TOWN (If autside corporate lim	its, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 2421 KYKK Wythe Ave.	d. STREET ADDRESS 2421 Wythe Ave.	e IS RESIDENCE ON A FARM? YES NO 57
3 NAME OF First Middle DECEASED (Type or print) Lawrence Blair Medlin	Last 4. DATE OF DEATH	Month Day Year August 7 19 63
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE lost 10st 52	(In years IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy) Months Days Haurs Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Painter Steel		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John I. Medlin	Nettie Jane Bee	as a second
(Yes, no, or unknown) (If yes, give war or dates of service)	nformant	Address
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	ED (Enter nature of injury in Part I or Port II of it ACE OF INJURY (Home, farm, , 20f, (City or town	
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Haur a.m. p. m 19 While Nat while at wark at wark	ctary, street, office bldg., etc.)	(0000)
21. I certify that I attended the deceased fram Movemball alive an alive and that death actual signature PHYSICIAN'S NAME (Type)	accurred at 2. A. M., fram the constant ADDRESS (Street, cit. M.D.	
220. BJRIAL CREMATION, REMOVAL SPECIFY Aug. 9, 1961 Meadow Ridg		ity, tawn, ar caunty) (State)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24b. REGISTRAR'S SIGNATURE
Ullrich Fimeral Home, Dimdalk Md	DATE BUILD D 161	011 04

within 24 hours after death. Page 4 should be filed with the funeral directar, Pages 1 and 2 filled may be to be the haspita strending physician.

TO FUNERAL DIRECTOR: After this strings has been signed by the attending physician and campli page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPAT

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

(18881)

	1
皇	
3	1
auld be filed with	(\mathbf{M})
Se F	C.
20	_/
2	

ly fille. By the funeral director, Pages 1 and 2 shauld be filed with

within 24 hyars after death Page 4

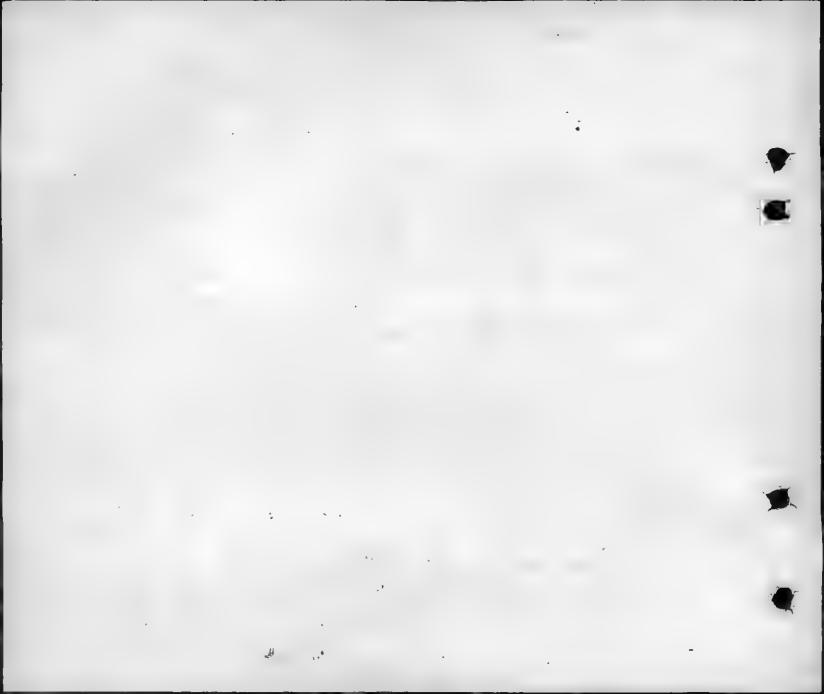
may to bring by the hasp. It attending physician.

D FUNEXAL DIRECTOR: After your certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may to come by the hasp. The attending physician.

TO FUNE AL DIRECTOR: After the certificate has been signed by the attending physician and control of the control of th

VR A15 (4) 1SM 9/S9

_	T1	7-7-0-7-1-73-7	012-4	*	
١,	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WA		ian Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville	c. LENGTH OF STAY IN 16	Pikesville	utside corporate limits, write l	RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 3433 Philips I		d. street address 3433 Philips	Drive /	e IS RESIDENCE ON A FARM? YES \(\text{NO } \)
3	NAME OF DECEASED (Type or print) Harry Louis Mir	Middle ach	Lost	4. DATE Mor	ust 20, 1961 Year
μ	Male 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED	Dec 25, 180	73 9. AGE (In years last himstray) 6 yrs.	Months Days Hours Min
104	n. USUAL OCCUPATION (Give kind of wark dane lob. during most of working life, even if retired) Executive (KIND OF BUSINESS OR INDU Grocery	STRY 11. BIRTHPLACE (State Russi		12. CITIZEN OF WHAT COUNTRY USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	deceased -unknown	1	deceased	- unknown	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. I	NFORMANT	Ado	dress
		P	Ars. Theresa M	inch Same	
	1B. CAUSE OF DEATH [Enter only one cause per li PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	acuts Re	lwonary	Edema	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO		4		
	Ganditions, if any, which (b) gove rise to immediate				
	couse (o), stoting the under- lying couse last.				
Z	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19 WAS AUTOPSY
CATIC					PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in F	Port I or Port II of item 1B)	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d Haur a.m. While of wo	Nat while fo	LACE OF INJURY (Hame form actory, street, affice bldg., etc.		(County) (State
	21. I certify that (1) (this hospital) attend	ded the deceased fram.	6/6 121	6/ 10 8/2a	, 19.6/. that (I) (we) las
	saw the deceased alive on. 8/20	19_6/. and that	death occurred of 6_	M, fram the causes or	nd on the date stated above
	220 SIGNATURE	& But lea	ATTENDING ME	ED STAFF RECTOR PHYS	226 DATE SIGNE
	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS		
23	BURIAL, CREMAT ON, 236 DATE THEREOF 8/22/61	230 NAME OF CEMETERY C	41. 2	23d. LOCATION (City lown, Baltimo	
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I	D BY REGISTRAR 256 REG	ISTRAR'S 5 GNATURE
S	OL LEVINSON & BROS INC 6	010 Reist. Rd.	Balto Md DATE	IG 2 8 '61 a	Lithur L. Henry



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
eveni, winnin 72 nours after death.	PLACE OF DEATH COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate mits, write RURAL end give neerest lown) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) SPRING GROVE STATE HOSPITAL 3. NAME OF DECRASED (Type or print) Furby MORGAN MARYLAND C. LENGTH OF STAY N 1b Lisbon, Maryland d. STREET ADDRESS DEATH AUGUST 15 19 61 STREET ADDRESS August 15 19 61 SEX C. COLOR OR RACE 7, MARRIED NEVER MARRIED ADDRESS OR INDUSTRY 11 BIRTHP. ACE (County & Steele, or foreign country) 100. USJAL OCCUPATION (Give kind of work done during most of working life, even if reitred) 2. USUAL RESIDENCE (Where decressed lived, if inst tution, Residence before adm ssion B. COUNTY HOWAR C. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Lisbon, Maryland d. STREET ADDRESS PATE Month Dey Year OF DEATH August 15 19 61 100. USJAL OCCUPATION (Give kind of work done during most of working life, even if reitred) 100. USJAL OCCUPATION (Give kind of work) done during most of working life, even if reitred)
T) and in any	housework Is. Father's Name Levy Morgan Anna Gaver Anna Gaver Is. Was Deceased Ever in U.S. Armed Forces? In Social Security No 17 Informant (Ves, no, or unknown) (Ifyesgive were redetes of service) unknown U.S. A. Address Address Interval Setween on the service of t
original control of the control of t	Conditions, if eny, which gover rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? YES NO KE 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 of Part II of Item 18) OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Hour a.m. pm. 19 20d. INJURY OCCURRED 20e. PLACE OF NJJRY (Home, farm, 20t. (City or town) (Stete) Fectory, street, office bldg., etc.] 21. I certify that (K (this hospital) attended the deceased from
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION (City, town or county) 13 U. S. Secrity Pug, 18, 1961 Mt. Olivet Inches of Marian Strains Signature 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 1 8 '61 10 U. S. Thanks



ADDRESS

TO FUM page VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'S BY REGISTRAR DAUG 1 4 '61

emeteru

24b. REGISTRAR'S SIGNATURE Orthur S. Hrane

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

Justan

WAS AUTOPSY PERFORMED? YES NO W

(Stote)

DATE SIGNED

(Stote)

Day

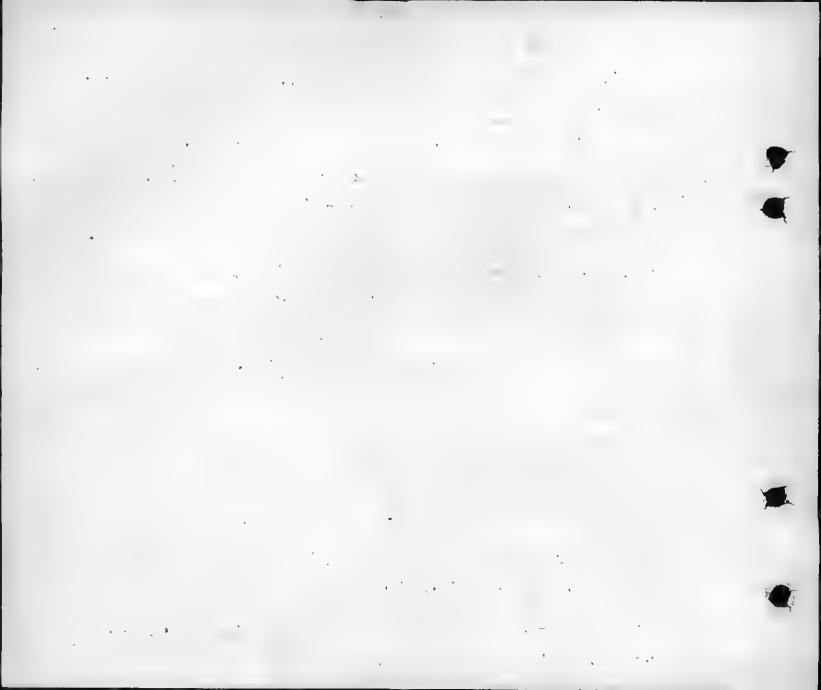
Davs

ON A FARM?

YES 🔲 NO 🏋

Year

1967



0004

(188831)

N	<u> </u>	0.68.				0 0	
7		PLACE OF DEATH 5. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marvla	here deceased lived If institution: Residence b. COUNTY Relations	e before admission)	
1		b CITY OR TOWN (If autside corporate limits, write	c LENGTH OF STAY IN 16	A A	autside corporate limits, write RURAL and g		
		RURAL and give nearest town) Baltimore 7	20 yrs.	X Baltim		ire insciest town)	
		d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 2306 N. Rolling Road	et oddress)	d. STREET ADDRESS	N. Rolling Road	e, IS RESIDENCE ON A FARM? YES NOTE	
	-					IES [] NOVE]	
		NAME OF First DECEASED (Type or print) Charles	Middle	Mumford	4. DATE Manih OF DEATH August	Day Year 21 19 61	
	5 :	9 AGE (In years IF UNDER	I YEAR IF UNDER 24 HRS				
		Male White WIDOV	RRIED NEVER MARRIED	5-25-1887	lost birthdoy) 74 yrs Months	Days Hours Min.	
	100 R	during most of corking lits even if retired) etired up. cs tarter	b. KIND OF BUSINESS OR INDU: Md. Racd Track		or foreign country) 12.CITI. Maryland	U/S.A.	
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	L	atdney J. Mumford		Sophia E.	McKee		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 s. no. or unknown) [16 yes, give war of dates of service,	6. SOCIAL SECURITY NO 17 11	FORMANT	2306 No Roll:	ing Road	
		No 2	218-03-6397 Mr:	s. N. Lee Mum		Maryland	
		18 CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c)]		/.	INTERVAL BETWEEN ONSET, AND DEATH	
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Councy Th	imbore -	Eardin astone	10 doing	
		420.0 DUE TO					
		Conditions, if any, which) (b) Huppert, since Colo (1) Person					
		gave rise to immediate DUE TO	11, 1-8.	\$			
		lying couse tost. (c)	Bobu seles	first for	sign		
	N O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN IN PAR	1(a) 19 WAS AUTOPSY PERFORMED?	
λ	FICATION					YES NO	
3	CERTIFI	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)		
			INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m 20f (City or Jown)	(State)	
	MEDICAL	Hour a.m. Yhil	le Not while for	tary, street, affice bldg., el		(5.5.0)	
	₹	p, m,	ork at work	0.010	10 8/41		
		21 I certify that (I) (this haspital) atter	11			∠ that (I) (we) last	
			19 <u>f</u> 1, and that c	leath accurred at	M, fram the causes and an the		
		220 SIGNATURES	nd,	M.D ATTENDING N	AED. STAFF	226 DATE SIGNED	
		22c. PHYSICIAN'S NAME (Type) ECWIN FI	ISPPONT, MO.	Part /	BERTY FA- CK	The Thirty	
3	230	BURIAL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or county)	(State)	
-		Burial 8/24/61	Lorraine Par	k Cemeterv	72	Marvland	
	241	FUNERAL DIRECTOR'S SIGNATURE	8728 Liberty		D BY REGISTRAR 256, REGISTRAR'S SIG		
-		Tours 1 1x Juliens	Randalls town,	Md. DATE	WG 2 4 '61 (dallage	4	

ely filled in by the funeral director, Pages 1 and 2 shauld be filed with rs after death. Page 4 within 24 hou may be to had by the hasp to certificate has been signed by the attending physician and compared by filled **DIRECTOR**: After 19, certificate has been signed by the attending physician and compared page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Baard at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING RIYSICIAN: The law requires that the death certificate be executed may be comed by the haspital attending physician

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and com-

VR A15 (4) 15M 9/59



1	36	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 55	Co.	8892 CERTIFICATE OF DEATH	Dist. No.(18884
r. Poge	(M)	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Res o. STATE D. COUNTY b. COUNTY	
death. uneral Id be fi		b. CITY OR TOWN (If outside carporate limits, write RURAL on give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL or	nd give nearest town)
after of the fu should	1	d NAME OF HOSPITAL (If nat in hospitol, give street oddress) OR (INSTITUTION) d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
and 2	X	113 GLENMORE AVE. VI3 GLENMORE AV	E YES NO
Filled yes 1 o		13 NAME OF DECEASED (Type or print) JOHN F, MIDS PHY 4. DATE Month OF DEATH AUGUST	Day Year 7 20 196/
200	(lost birthday) Mant	DER 1 YEAR IF UNDER 24 HRS hs Days Haurs Min.
compile popers.		THE WILL STATE OF THE STATE OF	CITIZEN OF WHAT COUNTRY?
and bon		FORE MAN BETH. STEEL BALTIMORE, MD.	U.S.A.
sician a ve carbx	2	MICHAEL J. MURPHY JENNIE PEIFFE	FR
certifi g phy rema 72 ha		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or various) [If yes, give wor or dotes of service) 216-01-7216MRS MLBFIF. MIRRHY	11361ENIMACE
death Iendin please Aithin		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
t the of the of Then		PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) 4201 DUE TO	4mm
es tha		Conditions, if any, which (b) Coronargastery Oreserve - Chemic maginalida	my logh
an. signe	2	couse (a), stating the under DUE TO ather-aclertic Carolio raventar Deserva	u -
hysicies beer short	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PL
AN: The ending p icate ho icate ho ine buring	0	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	TISNO Z
officertiion		20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While at work of wark of wark of wark	(County) (State)
Affer the for the first part of the first part o		23. I certify that I attended the deceased fram. , 1954, ta Cluy 20, 1961, that	last saw the deceased
TTEN y the TOR: Jeroch	1	alive an	the date stated above. DATE SIGNED
OR A ned b	/	SIGNATURE J- Sulpon All gray M.D. 6014 Edmondon Une Bal	to 28, MY 8/21
RAL Shoul		PHYSICIANS NAME (Type)	
may be FUNER page 3 s		220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or coun AFMOVAL (Specify) 4/16 24/196/ 191/0000000000000000000000000000000000	ty) (Stote) F MD.
2	ihr	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR 24b. REGISTRAR'S	SIGNATURE
1SM 9/S8	1.	G. TRUMAN SCHWAB 3512 FREDERICK AVEDATE AUG 24'61 CARLLING	& Kroug



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whata decaased lived, If institution, Residence before admission) 1. PLACE OF DEATH COUNTY **b.** COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (if outside corporate rim ts. C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, weite RURAL and give nearest town) Write RURAL and a ve pearest lown)
Baltimore 12 Baltimore .c ~~ a. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.va streat addrass)
Armacost Nursing Home d. STREET ADDRESS Warrington Apts., 3908 North Charles St ON A FARM? YES NO 812 Regester Avenue NAME OF 4 DATE Middla Month DECEASED DEATH (Typa or print) Charlotte Oliver 1961 August 18 1961
AGE (In yaars IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX lest birthday) Months | Days Female white WIDOWED TO DIVORCED Jan. 1, 1882 YTS. 10a. USUA. OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & Stala, or foraign country) 12. CITIZEN OF WHAT COUNTRY? physician dona during most of working life, even if ratired)
Housewife Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 ding Frederick D. Hall Katherine Mumma 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknwn) (If yas giva war or dates of service) Fred. E. Hall, 121 Gothard Road, Lutherville, Md no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ! ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 36 herels IMMEDIATE CAUSE (a) **DUE TO** gava risa lo immadiata causa DUE TO 1.61.05 an E (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.). 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING _____ 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING ___ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED , 20a, PLACE OF INJURY (Homa, farm, 20t. (City or fown) (County) lectory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work 19:26 to leter L. 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on. 22b. DATE 22a. SIGNATURE MED. STAFF 8-20-5KENED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c PHYSICIAN 22d ADDRESS NAME (Type) G. Ossmanijr. 216 East University Parkway, Alfred Zone 18 | 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF death. REMOVAL (Spacify) ÷ d Green Mount Cemetery Biltimore 0 BURIAL

ADDRESS

Wm. Cook-Towson, Inc., 1050 York Road, Towson

24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4)

15M 9/60

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur & House



funeral Fithin 24 hours after the illed in by I TO HO AL OR ATTENTANG PHYSICIAN: The law requires that the death certificete be executed—ithin 2 death.

A may be retain by the hospital or attending physician.

S TO FUN ILL DIRECTOR: A refer this certificate has been signed by the attending physician is complete. Illed in director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages if director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages if it is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

1. I

MEDICAL CERTIFICATION

230

MARYLAND STATE DEPARTMENT OF HEALTH						
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS,	301 W. PRESTON STREET	, BALTIMORE 1, MARY			
8894	CERTIFICATE	OF DEATH		08885		
1. PLACE OF DEATH		2. USUAL RESIDENCE Dyhere	deceased lived, If institution: Rest	dence before admission)		
a. COUNTY BALTS		II. STATE	1 b. COUNTY	f- ' /		
DARIO	MARYLAND	_ navyans	- Face	concour _		
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR JOWN If outside co	orporate lim ts, write RURAL and gi	ve neerast town)		
ELLICOTT CITY P.O.		Calonson	elle			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	p'tac, give street address)	d. STREET ADDRESS		A. IS RESIDENCE		
TAMMUNELLE DA		137 6%	rry dell Load	ON A FARM?		
3. NAME OF CARE RES	N. 11	1 / 5 / 5 / 5	Just !			
DECEASED	Middle	Last / 4 DATI	0	Pay Year		
(Type or print) I OHN L:	DTEL	DEAT	TH /706-	196/		
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED B	DATE OF B.RTH	9. AGE (In years IF UNDER 1 YE			
M WIDOWE	DIVORCED I	10-2-1889	last birthdey) Months Day	/s Hours Min.		
	ND OF BUSINESS OR INDUSTR	Y 11. B REHPLACE County & State,		N OF WHAT COUNTRY?		
done during most of working life, even if retired	1	The Colon	1/5	-		
Tarmer-Relike	L	Marikana	1012			
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	12n'			
august sel		Colinabeth 1	lein			
	SOCIAL SECURITY NO. 17. I	NFORMANT	Address			
(Yes, no, or unkown) (Ifyes give wer or dates of service)	M.	Mid. 111 - H.	- White Mars	W-MH		
VILLE UW	ma	macaled proprie	-20100	INTERVAL BETWEEN		
18. CAUSE OF DEATH [Enter only one cause per l	ne for (e), (b), end (c).)	D. A.		ONSET AND DEATH		
IMMEDIATE CAUSE (a)	40 cardial	Karlane		Luk _		
150 - O DUE TO	Λ Λ Λ	1 1				
Conditions, if any, which \ (b)	utualized a	Meiosche si	1			
geva rise to immediate cause	, 		1			
(a), steting the underlying DUE TO						
ceuse lest. (c)				The balls stireness		
PART II. OTHER SIGNIFICANT CONDITIONS CON	ILK'ROLING TO DEVIH ROL NO	I RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART ILE	PERFORMED?		
31 Met a statue Ca	cinque			YES NO		
200. ACCIDENT WAS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part L or Par	rt II of item 18.)			
PART II. OTHER SIGNIFICANT CONDITIONS CON CONTRIBUTIONS CONTRIBUTIONS UNDERLYING (20b. DES OP CONTRIBUTIONS (20b. DES OP CONTRIBUTIONS (1) (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	NJURY OCCURRED 20s. PLA	CE OF INJURY (Home, ferm, ; 20f. (City or town) (County	(Stele)		
Hour a.m. While	Not While fect	ory, street, office bldg., etc.)				
Z p.m. 19 at wor	k at work		01-11-			
21. I certify that (I) (this hospital) pyen-				ı, that (l) (we) last		
saw the deceased alive on 7/11/61		death occured at	om the causes and on the	date stated above.		
220. SIGNATURE				22b. DATE		
For thank our vous	#	D. PHYS. DIRECTOR	STAFF PHYS.	D. C. SIGNED		
22c, PHYSICIAN'S	M +1	22d. ADDRESS	^ -	1 - Double		
NAME (Type) M. Itan Schlet.	MH MO	(410 Here	de as Mille	Itel Mid		
- Hellow well (SCALLON CO.	18222		
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CKEMATORY 23d. 10	OCATION (City, town or county)	(Stete)		
Buriel 8/4/6/	Saumo	re- lacconal	Dalle. Ms			
24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REG		NATURE		
MILL MARTHAND	2 28	DATEAUG 7	61 Chilles S. F.	week		



Harbord Road

Chilling S. Kraus

'61

DATEAUG 9

VS A15 (4) 15M 9/5B



FOR STATE HEALTH DEPT.

SSQC

lay is necessary, ral director. Page ad for your files.

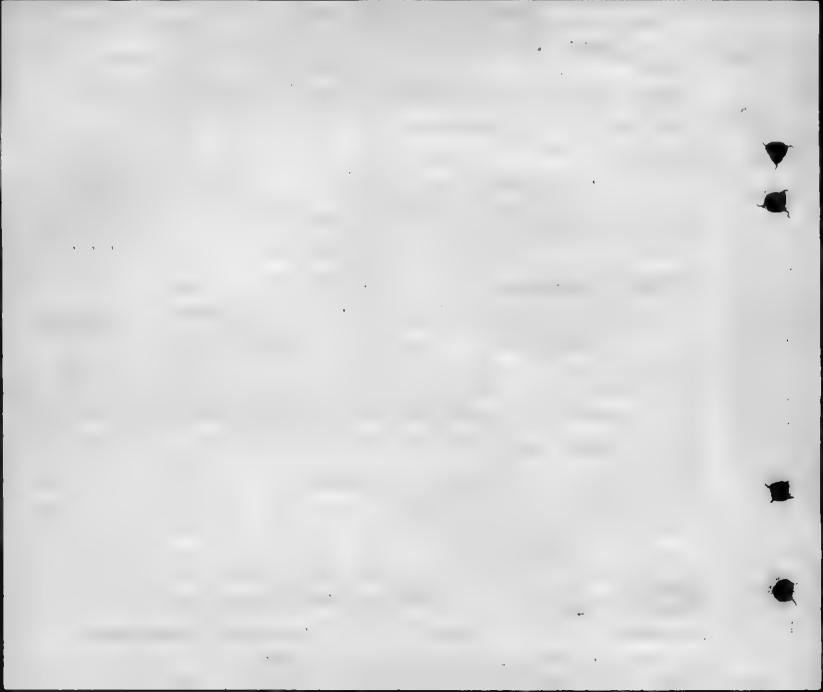
po DE CY MEDICAL EX INER: This certificate should be executed within 24 hours after In. If as please execute the certificate, witing the word "pending" in pencil in Item 18. Give Pages 1, 2, a to the turn 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2. with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 figures after death.

V5. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

THE PERSON NAMED IN	STATE OF THE PLANT OF THE PARTY	o, our mirroration since!	* DWELLINGHT I	1) TATACITY & PROFILED
WEDIC	AL EXAMINER	S CERTIFICATE OF	DEATH	118888

ï		
	1. PLACE OF DEATH	2. UBUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	e. county Baltimore Maryland	. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (if cutside corporate limits, write RURAL sed give nearest town) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Parkville	Parkville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS I A. IS RESIDENCE
	2818 Glendale Avenue	2818 Glendale Avenue VES NO DE
	3. NAME OF First Middle	Last 4. DATE Month Day Year
i	DECEASED	OF
	(Type or print) //r. Peter -	hillips DEATH Agaust 23rd 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In Yours IF UNDER 1 YEAR IF UNDER 24 HRS.
	male white WIDOWED DIVORCED 1/1	au 5, 1889 Jasi birthday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Y T. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	(1151)
	13. FATHER'S NAME	Greece U.S.A.
	19. FAIRERS NAME	14. MOTHER'S MAIDEN NAME
	Yohn Phillips	Diane ?
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address
ı	(Yes, no, or unkown) (If yes give war or dates of service)	$1p$ $n! \cdot !! \cdot$
	0)1-14-0141 11	rs. Bessie Phillips same
	18. CAUSE OF DRATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
ı	PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (*)	lune on
1		
	JUETO O	1. 11.
	Conditions, if any, which \ (b)	aroment Homewallowine while
ľ	geve rise to immediate cause	A :
	Constitution of the unconying	celes de la co
		T DELATED VA THE TERMINAL DIFFACE COMMISSION CHIEF IN DATE OF THE PERSON
	E TAKE R. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3	YES NO TO
ı	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E)	nier nature of injury in Part I or Part II of Item 18.)
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSED. (English of Contributing Cause of Death.)	
ı		CE OF INJURY (Home, ferm., 20f. (City or town) (County) (State)
	Hour a.m. While Not While facto	ry, street, office bldg., atc.]
	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes D. Accident . Suicident	de . Homicide . Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL HAND LAND	
	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
1		DEPUTY MEDICAL EXAMINER
ı	NAME (Type) SOHNI C. Hyle	Address (Street, city, town, or county)
ı	220. BURIAL, CREMATION, 126. DATE THEREOF 226. NAME OF CEMETERY OR	
	REMOVAL (Specify) \$/26/6/ Chach On the	lase Com Reltimore Manuford
	Burial 1/26/C/ Greek Orthoa	OX (em. DALTUMORE, MARILLAND
	1 10 0 1 11 1 10	ī
J	Leonard J. Ruck 5305 Harford Road	#14 DATE AUG 25 '67 Cinhan S. Khana



ESTON STREET, BALTIMORE 1, MARYLAND 3 Film G291 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY **b.** COUNTY STATE Baltimore MARYLAND Maryland b. CITY OR TOWN (if outs de corporeta imits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast fown) write RURAL and give nearest town) Fort Howard 73 Days Baltimore 17 d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO NO Veterans Administration Hospital 1923 Brunt Street 3. NAME ÖÊ DATE DECEASED OF (Typa or print) DEATH ROBERT POWELL August AGE (In years F UNDER 1 YEAR) IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Male WIDOWED DIVORCED TO 62 Negro August 6. 10a USJAL OCCUPATION (Giva kind of work BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? remove physicial done during most of working (.fa, avan if ratirad) Morgue attendant Pathology Mount Washington, Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl .⊆ William Powell Ella Dutton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO Then "Clinical Records, VAH, Baltimore 18, Maryland oval, (Yas, no, or unknown) (Ifyes g vewar or datas of service) Fort Howard, Division 18. CAUSE OF DEATH [Enter only one cause par I ne for (e), (b) and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA, LEFT LUNG WITH METASTASIS 2 YEARS IMMEDIATE CAUSE (a) TO LUMBAR VERTEBRAE, 4-5, LIVER, PERICARDIUM, HILAR LYMPH NODES gava rise to immediate ceusa BILATERAL PYLONEPHRITIS AND HYDRONEPHROSIS UNKNOWN (a), stating the underlying has the his PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1 9. WAS AUTOPSY PERFORMED? cert, fical 10 NO asn 20a ACCIDENT WAS UNDERLYING _____ 20b DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part | or Part | of Itam 18.)
OR CONTRIBUTING ____ CAUSE OF DEATH |
(IF EITHER, NOTIFY MEDICAL EXAMINER) (Steta) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e PLACE OF NJJRY (Homa, farm, 20f. (City or town) Month, Day, Yaar lactory, street, offica bldg., atc.) While Not While at work at work 21 | certify that (k (th's hospital) attended the deceased from. June. 167:0061, toAugust...28...., 19.61, that (k (we) last saw the deceased alive on August 28 1961 ..., and that death occurred at ... P. .M, from the causes and on the date stated above. 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS 22d. ADDRESS NAME (Type) VAH, BALTIMORE 18, MD., FT. HOWARD SEBASTIAN RUSSO, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Sept. OFB Baltimore National Cemetery Baltimore 28, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chilling S. Hines ■M 9/60 Ludlow H. Carroll, 810 Madison Ave., Balto.1, Md.



VS A15 (4) 15M 10/57

IARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

8898

CERTIFICATE OF DEATH

Reg. Dist. No. (1885()

1	1. PLACE OF DEATH O COUNTY Balto. MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) Maryland b. COUNTY Balte.				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares Jown) Perry Hall	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Perry Hall				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 9525 Belair Rd.	oddress)	d. street address 9529 Belair Rd. e. is residence ON A FARM? YES : XO				
3	NAME OF DECEASED (Type or print) Ed. H	reble 4. DATE Month De Part Aug,	19 6 /				
S	SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH 9 AGE (In years, Munder 1 YEAR lost birthday) 12-9-1897 63 yrs.	Hours Min			
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWILE 13. FATHER'S NAME		Martinsburg, W. Va. USA	DE WHAT COUNTRY?			
	Charles Henry Wolfes		Francis Ellen Bodine				
19	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 H	NFORMANT Address				
-	(If yes, give war or dates of service)		J. Douglas Preble 9525 Belair Rd.				
ATION	18. CAUSE OF DEATH [Enter only one couse per li PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gave rise to immediate couse (a), stoling the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS	Nephixo Diabete trtexios	ONS SILVER SILVER ONS ONS ONS ONS ONS ONS ONS ON	ERVAL BETWEEN SET AND DEATH 2 yr/ 19 WAS AUTOPSY PERFORMED? YES NO (2)			
- 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200 ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF PEATH 200 ACCIDENT WAS UNDERLYING TO CAUSE OF PEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TO CONTRIBUTING CAUSE OF PEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TO CONTRIBUTING TO CAUSE OF PEATH (O) 201 THE OF INJURY Month, Doy, Year 401 Hour D. m. 19 WAS AUTOPSY PERFORMED? YES TO NOTIFY PERFORMED? YES NO (D) (County) (Stote)						
	21. I certify that I attended the deceased fram Novi 1966, to A-G 1961, that I last saw the deceased alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE William a. Typen MD. Hings: 1/166 PHYSICIAN'S NAME (Type)						
27	Po Burial, Cremation, 226 date thereof Semonal Specify 8-3-61	22c NAME OF CEMETERY OF Rosedale Come	(11)	(Stote)			
23	FUNERAL DIRECTOR'S SIGNATURE	401 Polacista	Math DATE AUG 4 '61 C. 18. The				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) and director. Page and for your files a. COUNTY b. COUNTY Baltimore Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate am ts, write RURAL and give nearest town) write RURAL and give nearest town) Dundalk Dundalk 100 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? retained to State B German Hill Road YES NO T 7452 German Hill Road 3. NAME OF 4. DATE M ddle Last DECEASED OF (Type or print) DEATH 19 GEORGE C. PRETTYMAN 61 August 18, 19 61
9. AGE (In yours I IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED B. DATE OF BIRTH thay 2 wit last birthday) 5 may d 2 will hours Months Davs Male DIVORCED WIDOWED [June 5. TOa. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Pege 5 File pages land within 72 h done during most of working life, even if ratired) Carpenter Pennsylvania U.S.A. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME John Prettyman Ellen Nevman form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) (If yes give war or dates of service) permit. Mrs. Orpha Prettyman 7452 German Hill Road. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN e along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office a DUF TO certificate should Conditions, if any, which (b) the word "pending" if Medical Examiner's O should be used as a bu gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:8) 19. WAS ALTOPSY CERTIFICATION PERFORMEDA Medical pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS 5 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Chief A.R. Page 3 strior to buria 2Dd. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Hour a.m. Not While al work at work prior 0% 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion forwarded to L DIRECTO death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [should be forward FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER L **EXAMINER'S** M.B. Davis, M.D. NAME (Type) Address (Street, city, Iown, or county) 228. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE REMOVAL (Specify) Elkridge, Md. Meadow Ridge Ö 240 p Burial 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Ullrich Funeral Home Dundalk, Md. VS. A15ME AUG 23 ariling & thous 5M 7/59



MINKIERIAL	JUNIE	PLIMITIME		HEALIN	
DIVISION OF STATISTICA	L RESEARCH	AND RECORDS -	BALTIN	ORE 1, MARY	LAND

CERTIFICATE OF DEA

	8900	CERTIFICA	TE OF DEATH			08892
1	PLACE OF DEATH S. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institut b COUNT		
	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) EXEMAN Catonsville	c. LENGTH OF STAY IN 16		ulside corporote limits, write Le		
	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION 20 Shady Nool		d. street Address 20 Shady	Nook Avenue		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) Helen C. Pruit	Middle t (Also Helen B	losi Pruitt)	OF	gust 7.	Day Year 1961
5. 5	female 6 COLOR OR RACE 7. MAI	Lancier Lancie	B. DATE OF BIRTH Sept. 1. 191	9. AGE (In years lost birthdoy) 3 47 Vrs	Months Days	R 1F UNDER 24 HRS Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	. KIND OF BUSINESS OR INDU Montgomery Ward			U. S.	A A
13.	John E. Bothmer		14. MOTHER'S MAIDEN N Mary Stei:	IAME		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) (If yes, give wer or dotes of service)		1bur R. Pruit	Add	ook Ave.	#28
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)			>	OV IN.	TERVAL BETWEEN NSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the under-	terro-pera	rosis	e: li lis, ac		18483
CATION	Past II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT		/		19 WAS AUTOPSY PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in I	Port I or Port II of ilem 18)		
MEDICAL	Hour o m While		ACE OF INJURY (Home, form clory, street, office bldg., etc.	, 20f (City or lown)	(County	y) (State
	21 I certify that (I) (this hospital) attensaw the deceased alive an 220 SIGNATURE 220 SIGNATURE 221 PHYSICIAN'S NAME (Type)	ded the deceased fram	M.D ATTENDING ME DI DI 22d. ADDRESS	M, from the causes of PHYS On Ave. Balta	nd on the dat	
Ι,	BURIAL CREMATION, 236 DATE THEREOF BURIAL (Specify) 8/9/61	23c NAME OF CEMETERY C		23d LOCATION (City town, Baltimore, M.		(State)
24,	funeral director's signature Howard H. Hubbard 4107 W	ADDRESS ilkens Avenue #	250. REC'	AUG 9 '61	Circling &	1 4

DATE

within 24 haurs after death. Page 4 ey files by the funeral director, Pages 1 and 2 shauld be filed with D FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and confirmed y filler page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death. MYSICIAN: The law requires that the death certificate be executed AL OR ATTENDING may vined by the hosp TO FUNEAL DIRECTOR: After TO HO594 VR A15 (4) ISM 9/S9



DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Items 2 & 7 Film 022 Guarage Note [Where deceased lived, if institution, Residence before edmission] funeral I. PLACE OF DEATH a. COUNTY b. COUNTY MODEL ATTENDE a. STATE Bal timore Maryland MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. City OR TOWN (If outside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16 write RURA, and give pearest town) Pridde / Frederick /Md. Pasadona Lmth23dvs Pages d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, g ve straet address) Ped d STREET ADORESS e. IS RESIDENCE ON A FARM? Galvet Co. Hursing Home GRO VE STATE SPRING HO S. TAT. YES NO 3. NAME OF 4. DATE First M ddle Month Yaer DECEASED Albert Quist DEATH 1961 (Type or print) August 6 COLOR OR RACE 7. MARRIED NEVE: ARRIED X B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) 5. SEX IF UNDER 24 HRS. (ast, b rihdey) Months Days Hours Oct. 26, 1876 white male WIDOWED [DIVORCED F physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND C BUS NESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 112. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if retired) Sweden Sweden carpenter 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME attending pl Then please _= unknowh unknown pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOC.AL SECURITY NO INFORMANT Address Then (Yes, no, or unkown) [(If yes give war or dates of service) Records: HOSF TAL STAIE unknown unknown 00 affending physician, has been signed by the burial-transit permit. 18 CAUSE OF DEATH [Enter only one cause per one for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ò Pneumonia IMMEDIATE CAUSE (e) emation, DUE TO Conditions, if eny, which gava rise to immediate cause DUE TO (a), steting the underlying has certificate | r use as the PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X prior 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Pert J of I'em IB.) 20e. ACCIDENT WAS UNDERLYING 11 OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Š <u>~</u> 20d. INJURY OCCURRED ' 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year (County) (Stete) fectory, street, office bldg , etc) ; Whle Not While Hour a.m. ö et work at work 12 Ol to ... Aug. ... 19. 61 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from. March 8. DIRECTO 2 22b. DATE 22a SIGNATURE SIGNED ATTENDING Stella Wachsler, M. D. PHYS. DIRECTOR PHYS. RAL page with 1 22d. ADDRESS 22c. PHYSICIAN'S GROVE STATE - HOSP., TAIL NAME [Type] Caton: ville 20, haryland filed y FUN 23e. BURIAL, CREMATION, | 23b DATE THEREOF 1 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) death. TO PU REMOVAL (Specify) ž ģ. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 61 - Children & Throng



ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before edmission) a. COUNTY e. STATE **b.** COUNTY Baltimore Balto. Md. by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 15 þ write RURAL and give neerest town) Lutherville filled in affer Lutherville Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, give street address) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Kelly Ave. Kelley Ave. YES NO IS NAME OF First Middle Last DATE Month Day Yees paper N DECEASED (Type or print) DEATH 61 Randall 19 Sophia Jane August 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Female WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physicia Maryland USA Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending William H. Tracey Annie E. Morfatt 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address oval, (Yas, no, or unkown) | (Ifyas give war or deles of sarvice) Lutherville, Md. None Mrs. Sophia J. Kelley INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying has cause last, ö WAS AUTOPSY PART II, OTHER SIGNIFICANT COMMITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20s. BLACE OF INJURY (Home, farm, 20f. (City or lown) (Stelle) Month, Day, Year County 20c. TIME OF INJURY factory, streat, office bidg., etc.) Not While While Hour e.m. et work p.m. 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRES rector, filed (Stete) OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME 23a, BURTAL, CREMATION, REMOVAL (Specify) å å Reisterstown Methodist 0 Reisterstown, Md. 256. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chilling & Krouge 15M 9/60 F. Eline & Sons Reisterstown. Md.

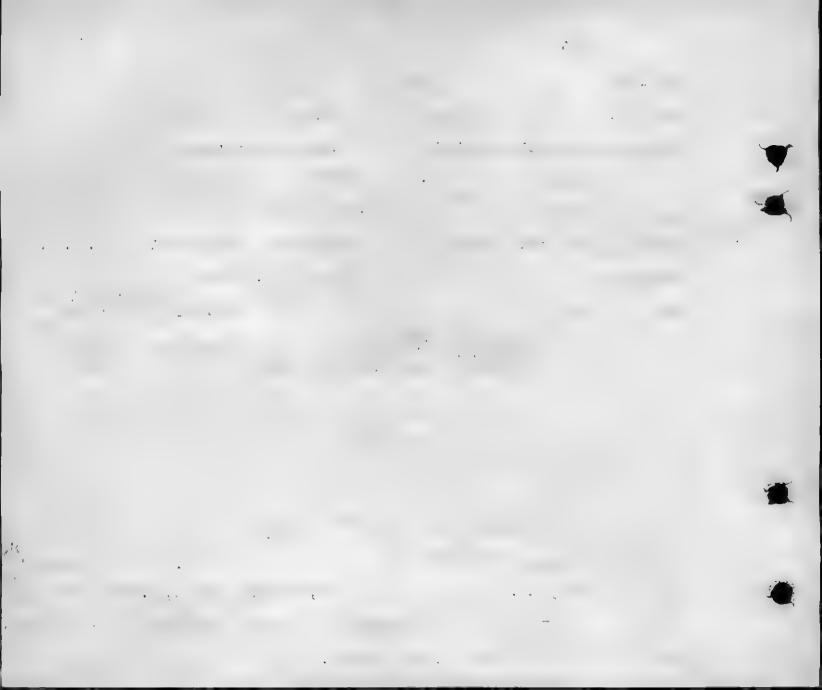


15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1889)

1. PLACE OF DEATH	2. USUAL RESIDENCE [Where deceased lived, if institution	Rasidance balore admission!
e. COUNTY	a, STATE b. COUNTY	and the same of th
Baltimore MARYLAND	Maryland	
b. CITY OR TOWN (if outs da corporate timits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outs da corporata limits, write RURAL a	nd give nearest town)
Fort Howard 3 Days	Baltimore 17	1 4.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address)	Baltimore 17	I a. IS RESIDENCE
		ON A FARM?
Veterans Administration Hospital	2414 Madison Avenue	YES NO 😿
3. NAME OF First Middle DECEASED	Last 4 DATE Month	Day Year
(Type or print) WILLIAM H.	REASON OF DEATH AUGUST	20 10 /2
	August	30 19 61
5 SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B	DATE OF BIRTH 9 AGE (In years IF UNDER lest buthday) Months	Duys Hours Min.
Male Negro WIDOWED DIVORCED he	cember 17,1897 63 yrs.	Deya Tioura Mills
I TON, USUAL OCCUPATION (G valkind of work I TON, KIND OF BUSINESS OR INDUSTRY		ITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)		
Bell Man - unemployed Hotel	Philadelphia, Pennsylvania	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Reason	Carolina MN: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. II	NFORMANT Address	
(Yas, no, or unkown) (Nyasgiva war or datas of sarvica)	inical Records, VAH, Fort Howa	rd Division
Yes WW I	Baltimore 18,	Merryland -
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLTSM		1 DAY
	ON AND INTRAMURAL THROMBOSIS	
	ON WAID THINKINGAT THIOMPOSTS	UNENOWN
The state of the s	T Theren bears	
Conditions, if any, which) (b) PUIMONARY INFARCTIO	N, RIGHT LUNG	1 DAY
gava risa lo immadiata cause	N, RIGHT LUNG	1 DAY
gava risa to immadiata causa	N, RIGHT LUNG	1 DAY
gava risa lo immadiata cause [8], staling tha undarlying causa last. [c] [c]	·	
gava risa lo immadiata cause [8], staling tha undarlying causa last. [c] [c]	·	RT 1(a) 19 WAS AUTOPSY PERFORMED?
gava risa lo immadiata cause [8], staling tha undarlying causa last. [c] [c]	T RELATED TO THE TERMINAL DISEASE COND TOON GIVEN IN PA	RT 1(a), 19 WAS AUTOPSY
gava risa lo immadiata cause [8], staling tha undarlying causa last. [c] [c]	·	RT 1(a) 19 WAS AUTOPSY PERFORMED?
gova risa to immadiata cause [a], stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE COND TOON GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED?
gova risa lo immadiata cause (a), staling the undarlying causa last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTION TO DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTION TO DEATH OR CONTRIBUTIO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
gova risa lo immadiata cause (a), staling the undarlying causa last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTION TO DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTION TO DEATH OR CONTRIBUTIO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
gova risa lo immadiata cause [8], staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO COURED. 20a ACCIDENT WAS UNDERLYING TO DESCRIBE HOW NIURY OCCURED. OR CONTRIBUTING TO CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLAN	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA (Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm 706, (City or Iown)	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
gova risa lo immadiata cause [a], staling the undarlying causa last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING TO CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Day, Year Hour s.m., P.m. 19 While Not While at work Pack	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA (Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm pry, street, office bidg., atc.)	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO Ounty) (State)
Gova risa to immadiata cause [a], stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING ☐ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER;] 20c. TIME OF INJURY Month, Day, Year Hour s.m., p.m. 19 Whila al work ☐ at work ☐ at work ☐ 121 Certify that ★0] (this hospital) attended the deceased from.	T RELATED TO THE TERMINAL DISEASE COND T.ON GIVEN IN PA (Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm pry, street, office bidg., atc.) August .27	P.61 that 14) (we) last
DUE TO [8], staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO 20a ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLAN Hour e.m., p.m. 19 While at work 1 21 I certify that 20 (this hospital) attended the deceased from. saw the deceased alive on August 30 19. 61, and that	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA (Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm pry, street, office bidg., atc.)	PERFORMED? YES NO (State) 9.61 that (1) (we) last the date stated above.
Gova risa to immadiata cause [a], stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING ☐ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER;] 20c. TIME OF INJURY Month, Day, Year Hour s.m., p.m. 19 Whila al work ☐ at work ☐ at work ☐ 121 Certify that ★0] (this hospital) attended the deceased from.	(Enter nature of injury in Part I or Part II of Item 18.) CE OF INJURY (Homa, farm 20f. (City or lown) (Control of the bldg., atc.) August . 27	P.61 that 14) (we) last
DUE TO [8], staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO 20a ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLAN Hour e.m., p.m. 19 While at work 1 21 I certify that 20 (this hospital) attended the deceased from. saw the deceased alive on August 30 19. 61, and that	(Enter nature of injury in Part I or Part II of Item IB.) CE OF INJURY (Homa, farm 20f. (City or lown) (Control of Injury in Part II or Part II of Item IB.) August . 27	PAT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO (State) 9.61 that 1(t) (we) last the date stated above. 22b. DATE SIGNED
DUE TO [a], staling tha undarlying [c] PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 Whila al work at work 21 I certify that XI) (this hospital) attended the deceased from. saw the deceased alive on August 30 19. 61, and that	(Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm 20f. (City or lown) (Copy, street, office bldg., atc.) August 27	P.61 that 10 (we) last the date stated above.
DUE TO [8], staling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year While all work Not While at work 21 certify that 20 (this hospital) attended the deceased from any of the deceased alive on August 30 19. 61, and that 22c. S.GNATORE MAME (Type)	(Enter nature of injury in Part I or Part II of item IB.) CE OF INJURY (Homa, farm 20f. (City or lown) (Copry, street, offica bidg., atc.) August .27 19 61 to August .30, 19 death occurred ar., 3, from the causes and on DIRECTOR PHYS.	P.61 that 11 (we) last the date stated above. 2/8/30/61
gova risa lo immadiata cause [8], staling the undarlying causa last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLAN Hour a.m., p.m. 19 While all work at work 21 certify that 20 (this hospital) attended the deceased from as we the deceased alive on August 30 19. 61, and that 22a. S.GNAJORE M.D. SEBASTIAN RUSSO, M.D.	(Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm 20f. (City or lown) (Copy, street, office bidg., atc.) August 27	P.61 that 11 (we) last the date stated above. 22b. DATE SIGNED 8/30/61.
DUE TO [8], staling the underlying cause [8], staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLAN Hour a.m., p.m. 19 While all work at work at work at work 21 certify that 20 (this hospital) attended the deceased from a saw the deceased alive on August 30 19. 61, and that 22a. S.GNATORE AUGUST AUGUST 30 19. 61, and that 22a. BURIAL CEMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW NURY OCCURED.	(Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm 20f. (City or lown) (Control of Injury in Part I or Part I of Item 18.) August . 27	PAT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO (State) 9.61 that 11 (we) last the date stated above, SIGNED 8/30/61 WARD DIVISION (State)
DUE TO [8], staling the underlying cause [8], staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBLTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NIURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year While at work at work at work at work. 21 certify that XII (this hospital) attended the deceased from at work at work. 21 certify that XII (this hospital) attended the deceased from at work. 22a. SIGNATURE 22a. SIGNATURE PHYSIAN RUSSO, M.D. 23a. BURIAL, CREMATION, 23b DATE THEREOF BALTIMORE NE	(Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm 20f. (City or lown) (Copy, street, office bidg., atc.) August 27	P.61 that 11 (we) last the date stated above. 22b. DATE SIGNED 8/30/61.
DUE TO [8], staling the underlying cause [8], staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLAN Hour a.m., p.m. 19 While all work at work at work at work 21 certify that 20 (this hospital) attended the deceased from a saw the deceased alive on August 30 19. 61, and that 22a. S.GNATORE AUGUST AUGUST 30 19. 61, and that 22a. BURIAL CEMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW NURY OCCURED.	(Enter nature of injury in Part I or Part I of Item 18.) CE OF INJURY (Homa, farm 20f. (City or lown) (Control of Injury in Part I or Part I of Item 18.) August . 27	P.61 that (1) (we) last the date stated above. 22b. DATE SIGNED 8/30/61 WARD DIVISION (State) 28, Maryland
DUE TO [8], staling the underlying cause [8], staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBLTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NIURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year While at work at work at work at work. 21 certify that XII (this hospital) attended the deceased from at work at work. 21 certify that XII (this hospital) attended the deceased from at work. 22a. SIGNATURE 22a. SIGNATURE PHYSIAN RUSSO, M.D. 23a. BURIAL, CREMATION, 23b DATE THEREOF BALTIMORE NE	CE OF INJURY (Homa, farm 20f. (City or lown) (Copy, street, office bldg., atc.) August 27 19 61 to August 30, 19 62 to August 30,	P.61 that 10 (we) last the date stated above. 22b. DATE SIGNED 8/30/61. WARD DIVISION (State) 28, Maryland is SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH			Where decessed lived, If institution	ra Residence before admission)
e. COUNTY Baltimore	MARYLAND	· Maryland	b. COUNTY	
b. CITY OR TOWN (flouts'de corporate Limits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16		tside corporete amits, write RURAL	and give nearest town)
Catonsville 28		Baltimore	18	+
House in the Pines Nurs To Fusting Avenue	soso'tel, g've street address) Sing Home	Cambridge Ar Charles and	Apartments	ON A FARM? YES NO
3. NAME OF First	Middle	Last 4.	DATE Month	Dey Yeer
(Type or print) Lee	M.	Reely	of August	30 1961
5. SEX 6. COLOR OR RACE 7. MAR	RIFD TO NEVER MARRIED TO 8	. DATE OF BIRTH	9. AGE (In years of UNDE	
1 m n 2 n		June 12, 1886	lest birthdey) Months	Deys Hours Min.
				CITIZEN OF WHAT COUNTRY?
10a. USJAL OCCUPATION (G ve kind of work done during most of working life, even if retired) Supervisor	Tted Railway		•	U.S.A.
13. FATHER'S NAME		14, MOTHER'S MAIDEN NAM	AE	
George Reely			Nicholson	
15. WAS DECEASED EVER N U.S. ARMED FORCES? 1 Yes, no, or unknown) (Hyesgive warprdejes of service)	6 SOCIAL SECURITY NO. 17. 1	INFORMANT	Address	Zone
yes W.W.I	Mr	s. Caroline R	eely, Cambridge	Arms Apt. 18
18. CAUSE OF DEATH Enter only one cause pe				ONSET AND DEATH
DUE TO	Tastatie Con		iven	6 me.
Conditions, if eny, which (b)	reint 2	Dlomach		177'
geve rise to immediate couse (a), stating the underlying DUE TO	2	•		•
couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS C				ART I(e) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	I. Enter neture of injury in Perf	f or Peri II of item 18.)	
Hour e.m. W	d, INJURY OCCURRED , 2De, PLA hrile Not While lact work at work	CE OF INJURY (Home, farm, lory, street, office bldg., etc.)	20f. (City or town) (C	County) (State)
21. I certify that (I) (this hospital) att	ended the deceased from.	8-24- 194	61, 10 8-30-	196.f., that (I) (we) last
			M, from the causes and or	
22e. SIGNATUBE		1		22b, DATE
Wilson K. Jolla	ses N	ATTENDING MED.	STAFF CTOR PHYS.	8-31-67
22c. PHYSICIAN'S	2)) 10.73	22d. ADDRESS	and HAZA RA	17. 28 Not
	allager A.D.		rick Are Bai	
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 9-1-61	B.ltimore		3d. LOCATION City, fown or co Baltimore	uniy) (Siere)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. REC'D	BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
Wm. Rook, Inc., 1217 St. F	aul Street. Zo	one 2 DATE SEP	1 '61 Chilling	& Kensed

complete, filled in by the funeral foon papers. Pages 1 and 2 should within 72 hours after death vithin 24 hours after ever, PHYSICIAN: The law requires that the death certificate, TO HOW LAL OR ATTENDANG PHYSICIAN: The law requires that the death certificate death the death of the hospital or attending physician.

Yellow the second of the hospital or attending physician.

Yellow the second of the second of the second of the attending physician of director, page 3 should be detached for use as the burial-transit permit. Then please remove the best field with the State Dept. of Health prior to buriat, cremation, or removal, and in any even





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

2905

CERTIFICATE OF DEATH

SUSUAL RESIDENCE Where deceased lived. If institution. Residence before admission) 1. PLACE OF DEATH o. STATE **b.** COUNTY Ma. Baltimore MARYLAND Balto. b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorast town) klintown Dundalk d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5331 Dogwood Rd. 129 Bayside Dr. YES NO NAME OF DECEASED Middle 4. DATE Month (Type or print) Mary Reneker DEATH Aug. -61 19 S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours 17,1884 WIDOWED 1 DIVORCED [7] June 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) William Key USA Md -Housekeeper 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Angeline Unknown James Carev IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT an Efford Box 168 A. 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Omis IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not white of work | of work | 196/_, that (I) (we) last 21 I certify that (I) (this haspital) affended the deceased from. I and that death accurred d236M, from the causes and on the date stated above. saw the deceased alive an 22a S GNATURE 22b. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS M.D 22c PHYSICIAN'S 22d. ADDRES NAME (Type) Miller. Ingleside Ave, Balto 28, Md. 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Belto Md Baltimore National 24, FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR F.D. 4101 Edmondson Ave, Balto. 29, Miloute all 1 Culley S. Frank

with director filed funeral þe 70 pape hours U00 ā þ permit gned buriol-transit has been crematian, detoched DIRECTOR: FUNER

VR A15 (4) 15M 9/\$9



STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR SHATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution) Residence before admission e COUNTY director, Page or your fales, hard of Health, b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town] Overles - rural Hvde - rural Never d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) T d. STREET ADDRESS be retained filt the State Buffer death. Bottom Rd. 105 Walnut Ave. 3. NAME OF First 4. DATE Middle DECEASED OF (Typs or print) SAMITET. जर्म अ RHONE DEATH August 25 with rs affe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years I F UNDER 1 YEAR) es 1, 2, mes 5 mes 5 mes 7 hours 9 may 2 with last birthday] Male White WIDOWED [DIVORCED YES. 10e. USUAL OCCUPATION (Give kind of work I 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IState or fore on country Give Pages 1, 2, orm PM3. Page 5 done during most of working lite, even if retired) Penn. pages 1 within Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adline Miller Jessie Rhone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) ((fives give we for deles of service) Holcomb Funeral Home., Benton, Pa 205-03-7289 Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along v burial-temsif g IMMEDIATE CAUSE (a) Carbon monoxide and alcohol intoxication DUE TO Conditions, if any, which (b) word 'penalizal Examiner's neve rise to immadiate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY Medical Ex 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING to the Chief Mec IOR: Page 3 allou prior to burial, Inhaled auto engine fumes and drank whisky a ef 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, While Not While factory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day Yeer While Not While et work at work 5:00 rural-Hyde P.M. Aug. 25 ,61 21. I certify that I took charge of the remains déscribed above, held an Autopsy |), Inspection 30 Inquiry lease execute the certific I should be forwarded to FUNERAL DIRECTC its designated pagent, p Natural causes A'ccident Su'cide K. Homicide [Undetermined manner death resulted from. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles 5. Betty NAME (Type) Address (Street, city, town, or county) 22m, BURIAL, CREMATION, 22b, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, town, or country) Removal (Specify) Jackson Township, Pa. 8/26/61 Waller Cemetery 40% 240 RECIDIBY REGISTRAR 24b, REGISTRAR'S SIGNATURE 23. FUNERAL D RECTOR ADDRESS

Wm. Cook Inc., 1217 St. Paul St. Baltimore PATE.

MARYLAND STATE DEPARTMENT OF HEALTH

Raltimore

Months

. IS RESIDENCE ON A FARM?

YES NOT

19 67

IF UNDER 24 HRS.

House

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO To

(Stata)

MD.

and in my opinion

DATE SIGNED

(Courty)

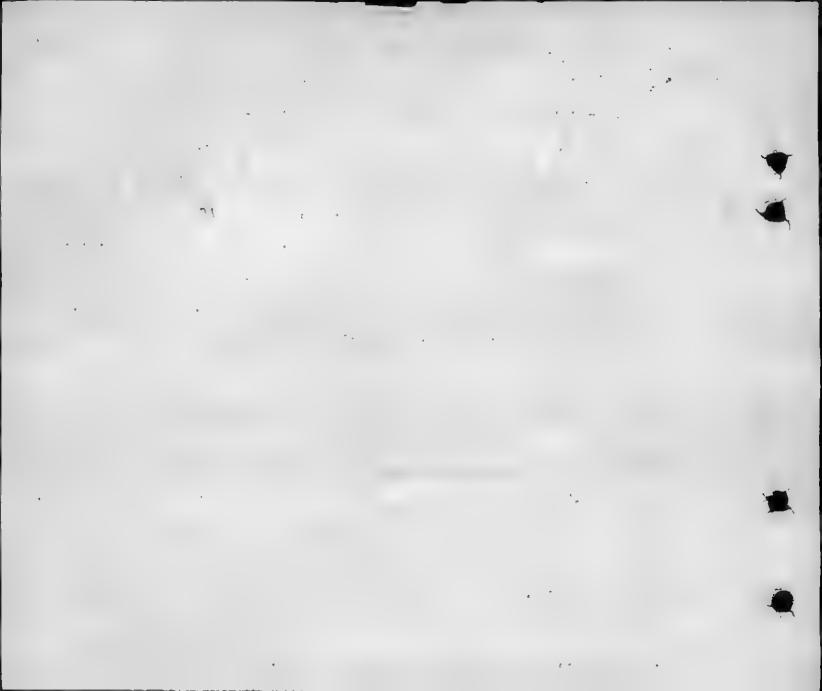
Baltimore

arthur I Kraves

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

VS. A15ME 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2902 after death. Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY be filed O_STATE b. COUNTY. Baltimore MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Elkridge Elkridge d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Alberts Ave. (Cat nsville Roberts First Middle 4. DATE DECEASED (Type or print) DEATH Thomas lichardson A11.0 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Malo Colored WIDOWED TO DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Sterro is (Now m Shor wo her 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kilchardson Victoria Wilson remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. [Yes, no, or unknown) Ir. Seawood Richardson-5500 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] PART I DEATH WAS CAUSED BY: Cerebral Hemorrhage IMMEDIATE CAUSE (o) **DUE TO** Hypertensive Arterio-sclerosis Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, IEnter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year factory, street, office bldg, etc.) Hour o.m. Not while of work at work p. m 21. I certify that I attended the deceased from June 12th, 1961, to Aug. 19th, 1961, that I last saw the deceased ___, and that death accurred at 3-IOPM, from the causes and an the date stated above. **ACTUAL** SIGNATURE Winters Lane 70 C.F.Maloney. PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

H. Natter-3035 ...orth Ave

INTERVAL BETWEEN ONSET AND DEATH Days TO WAS AUTOPSY PERFORMED? YES NO IE (County) (Stote) ADDRESS (Street, city or town, state) DATE SIGNED Catonsville 28. Md. 22d. LOCATION (City, town, or county) Baltimore Co. "d. 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

YES NO

19

12 CITIZEN OF WHAT COUNTRYS

Race .d.

pode 0 VS A15 (4) 15M 10/57

NAME (Type) 220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b DATE THEREOF



15M 9/60

	DIVISION	89 0 9	CERTIFICAT	E OF DEATH	i	ALJIMORE	I, MIART	18901
	LACE OF DEATH	R		2. USUAL RESIDEN	CE (Whare daceas		ution: Residen	ce before admission
		ltimore	MARYLAND	a. STATE	Md.	b. COUNTY	B	altimore
Ь	CITY OR TOWN ((if outside corporate limits, digiva nearast town)	E. LENGTH OF STAY IN 16	c, CITY OR TOWN		limits, write RUF		
	Reisterst			Reisters	town			
		TAL OR INSTITUTION (if not in	hospifal, give streat address)	d. STREET ADDRESS				e. IS RESIDENCE
	Glen Fall	ls Road		Glen Fa	alls Road			YES NO
	NAME OF DECEASED	First	Midd a	Last	4. DATE	Month	Day	Year
	Type or print)	George	Clarence	Rimbey	OF DEATH	Augus	st 25.	19 61
5 5	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	19. AC	Edin years IF U	NDER I YEAR	IF UNDER 24 HRS.
K	ale	T 73 . 2 . 4		Feb. 21,1876	las R	birthday) Mo	nths Days	Hours Min.
10a.	USUAL OCCUPAT	ION (Giva kind of work 10	b. KIND OF BUSINESS OR INDUS		nty & State, or fora	gn country)	12. CITIZEN O	F WHAT COUNTRY
don	Retired	orking life, even if retired) Farmer		l'am	vland			USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		-		,00b
	Nunton N	1. Rimbey		Unknown)	Freshour	'e	
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			Address		<u> </u>
(Yas,	NO unkown)	Ifyasgiva warordalasofsarvica)	217-01-7026 Mr	. Raymond Rin	nhev R	eisterst	own. M	d.
I	18. CAUSE OF I	DEATH [Enter only one cause		1	-7/		I INT	ERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	MANITE AL	della	- Colsi	Samuel	01	ISET AND DEATH
	1 2 0		igula col	200		- las	rei i	
	Conditions, if any	DUE TO	Lakener 10		m per	-200-	- 4	110
	gava rise to immed	liate cause	July 10	recogn		+	1 19	
	(a), staling the u		AB/les-	- 1/01	7		J /.	Ms
-		R SIGNIFICANT PONDIT ONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMI	NAL D SEASE CON	DIT ON GIVEN I	N PART 1(a)	9. WAS AUTOPSY
NOIT	1,44111							PERFORMED?
ĮŽĮ,	20. ACCIDENT W	AS UNDERLYING 1 206.	DESCRIBE-HOW INJURY OCCUR	D (Enter native of milion in	Part Lor Dart II of it	tom 18 :		YES NO
E	OR CONTRIBUTING	CAUSE OF DEATH	DESCRIPTION INJOK! OCCUR!	.D. Italian Hazdra of Hillsty III	race rou race ii or ii	1011 101)		
1	20c. TIME OF INJU	1	Od. INJURY OCCURRED 1/200. PL	ACE OF INIT BY (Home for	m, 20f. (City or t	own)	(County)	(Stata)
MEDIC	Hour a m.	V	hila Not Whila	ctory, straet, office bidg , etc		O WITT	10001111	(27070)
× -	p.m.	19 at	work at work		1: 0		- /-	
	21. I certify	that (I) (this hospital) at	tended the deceased from	1-36-	198. ", to 6.	- 45	, 1985, 1	hat (I) 🚧 la
ΙÌ	saw the decea	sed alive on	3, , and the	at death occured at	1.4My from the	e causes and	on the d	
	228. SIGNATURE	4/1-	1/2//	ATTENDING		TAFF		22b. DATE
	Orman	1 - MA	jey	W.D.	DIRECTOR P	HYS.		1-26-6
	220 PHYSICIAN'S	Land 12	5 [1-10	22d. ADDRESS	+	12561		KKS
		734167 D.	Od#16/1	1/16/3	STRACT	- AA VA		177-
23a.	SERIAL, CREMAT	TON, 23b. DATE THEREOF		OR CREMATORY	23d. LOCATIO	N (City, town o	county)	(SMIa)
Bî	urial	Aug. 28, 196	l Mt. Gilead			imore Co		1″d.
24 1	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR	25b. REGIST!	RAR'S SIGNA	TURE

Reisterstown, Md.

F. Eline & Sons

willing of the

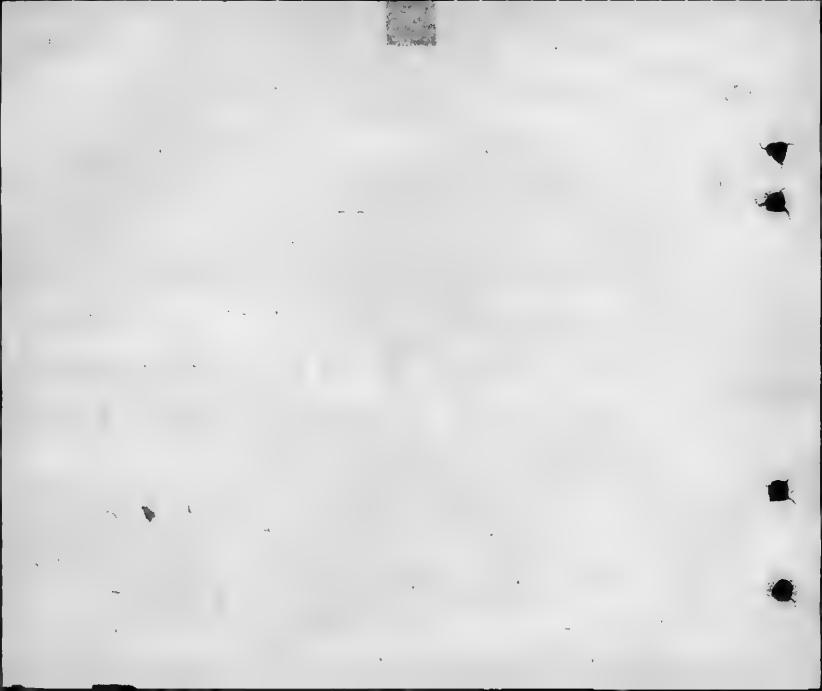
SEP 1

161



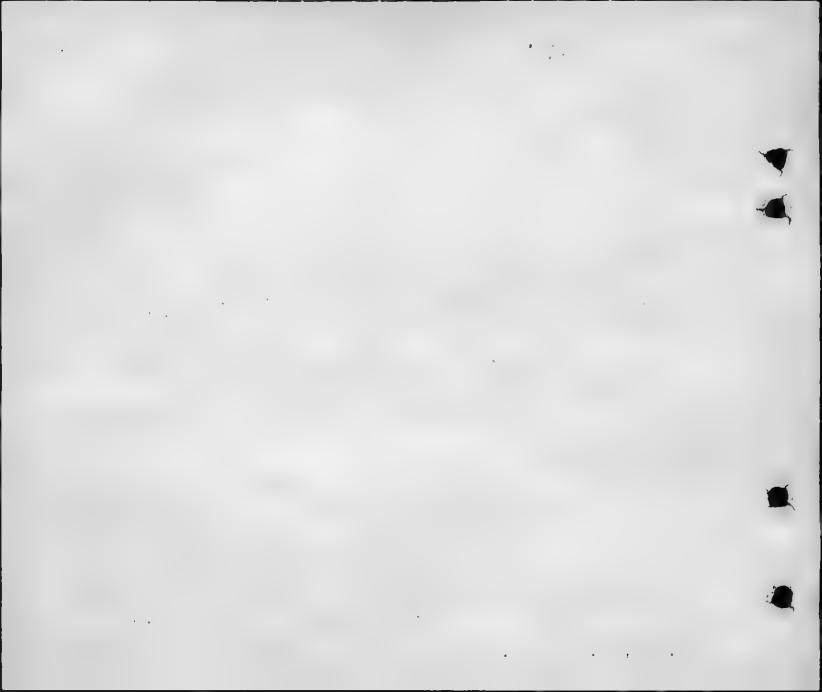
STATE OF STATE OF THE PARTY OF

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) wate RURAL and give neerest town) owson owson . IS RESIDENCE ON A FARM? YES NOF 3. NAME OF Year DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours WIDOWED IX DIVORCED emale Na. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewite 13 FATHER'S NAME O Liam Brewer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) ((fives give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSIT AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if eny, which gava rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS ALTOPSY CERTIFICATION PERFORMED? NO F 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of in any in Pert 1 or Pert II of item 18.) 2De ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED, 2De PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) While Not While at work at work 21 I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on aug 1 2 , and that death occured at 7 MM, from the causes and on the date stated above. 22e SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS TO FUNE director, it 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE AUG 2 8 '61 15M 9/60 Chilling & Hours



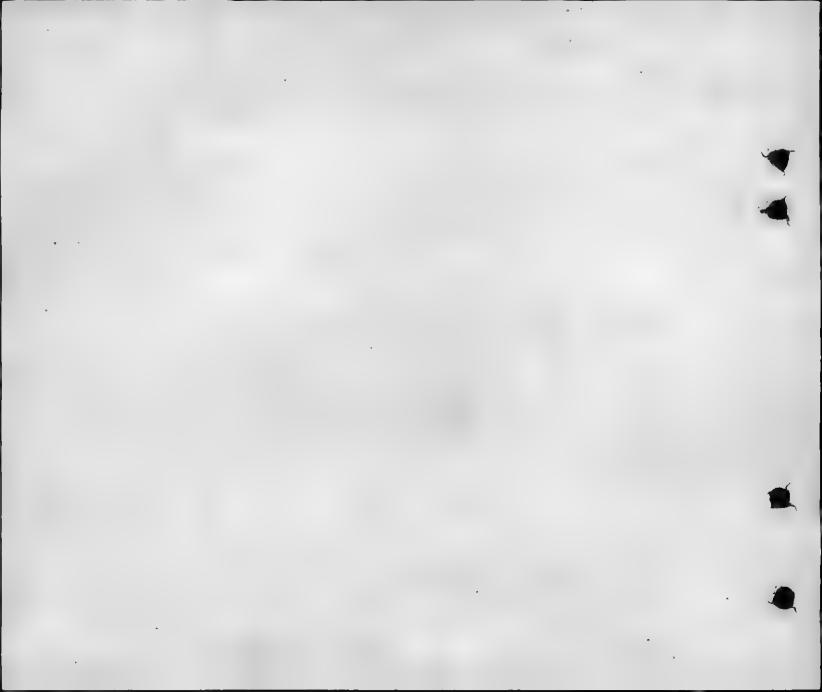
DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fixed, if institution: Residence before admiss on) a. COUNTY **b.** COUNTY by the and 2 death. HLTIMORE MARYLAND b. CITY OR TOWN (if outs de corporete limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Pages 1 BALTIMORE filled in Pages 1 5 MONTHS COCKEYSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MASONIC 5218 BIDDISON YES NO T NAME OF Middle 4. DATE DECEASED CLAIRE (Type or print) PRICE ROBINSON DEATH AUG 6 19 6. COLOR OF RACE 7. MARRIED NEVER MARRIED | 8. DATE OF B.RTH 9. AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. 6 yrs. Months WIDOWED [DIVORCED ! 10e. USUAL OCCUPATION (Give kind of work , 10b. KIND OF BUSINESS OR INDUSTRY, 11 B RTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if retired) MARYLAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ attending p JAMES MARY ZIMMERMAN and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) NO NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terio Achestie Cardio Vascular Deservice DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) | 19. WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perf I or Perf II of item 18.) 2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [7] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED (20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) factory, street, office bldg., etc.) Not While Hour e.m. et work et work DIRECTOR 10 8 - 7 194/ that (I) (we) last saw the deceased alive on..... 22b. DATE 22e. SIGNATURE 8-6/ SIGNED ATTENDING DIRECTOR N PHYS. PHYS. M.D. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) COCKEYSVILLE 23d, LOCATION (City, town or county 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery BURIAL (Specify) Baltimore, Md 8-10-61 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm. Cook, Inc., 1217 St. Paul Street 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY b. COUNTY Raltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporale limits. c. CITY OR TOWN (If outs de corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Middle River _ C -Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 Locust Drive YES NO 3. NAME OF Fired M ddle Dev DECEASED 19 61 (Type or print) Sacks DEATH Anna August laima 19. AGE (In yours, IF UNDER TYEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED T NEVER MARRIED lest birthday) Months Hours WIDOWED [D. VORCED June 26. 940 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if retired) Baltimore, Maryland U. S. A. Housewife 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17, INFORMANT Address [Yes, no, or unkown) | (If yes give wer or detes of service) #2 Locust Grove Rd. Mr. William H. Sacks INTERVAL BETWEEN 18. CRUSE OF DEATH (Enter only one cause per line for (e), (b) and (c)) ONSET AND DEATH Circulatory tailune PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Cerebrel vascular accident Conditions, if eny, which arteriosclerotic cardio-vasculour geve rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) While Not While Hour e.m. 21. I certify that (!) (this hospital) attended the deceased from 2.3.19(1), and that death occurred at .7.4M, from the causes and on the date stated above. saw the deceased alive on Augusta 22a 6IGNATURE DIRECTOR PHYS. PHYS. 22c. PHYS CIAN'S 22d. ADDRESS director, be filed 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Woodlawn, Maryland 0 /28/61 Woodlawn_Cemetery Parial 250. REGID RY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Certing & Theres 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL BESIDENCE (Where decessed lived, if institution Rand need PLACE OF DEATH is nece. Ad director. Po. Tyour files. e. COUNTY **b.** COUNTY Baltimore Puerto Rico MARYLAND b. CITY OR TOWN (if outside corporate firmits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporete limits, write RURAL and give neerest town) write RURAL and give nearest lown) Reisterstown eral c d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Box 566 Ciales Route 30. Reisterstown State 3. NAME OF Middle 4. DATE Month DECERSED (Type or print) PABLO AN TONTO SANTTAGO-ANDUGARDEATH August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR lest birthday) Months Puerto Male EN WIDOWED [DIVORCED Rican 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyes give wer or dates of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (d.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of base of skull **DUE TO** Conditions, if eny, which (b) gave rise to immediate cause 10 **DUE TO** (a), steling the underlying 50 ò nsed cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 2 cramat Medical should by 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of Injury in Port 1 or Port II of Item 18.] PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Driver of auto which overturned and deceased was thrown from car MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year (County) factory, street, office bldg., etc.) While Not While 1961 Route Reisterstown. Baltimore. el work et work prior 50 F. F. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 30 Inquiry execute the certificated by NERAL DIRECTC designated agent, p death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Typa) Address (Street, city, town, or county) 225 SNAME OF CEMETRY OF CREMATORY 22s. BURIAL-CREMATION I 22b. DATE THEREOF (REMOVAL) (Spacify) 40 9

VS. AISME 5M 9/60

22d. LOCATION (City, town, or country)

24a. REC'D BY REGISTRAR I 246. REGISTRAR'S SEGNATURE

161

Circling S. Throng

oppo dmiss.on)

e. IS RESIDENCE ON A FARM?

YES NO

19 61

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO DE

(Slete)

and in my opinion

DATE SIGNED

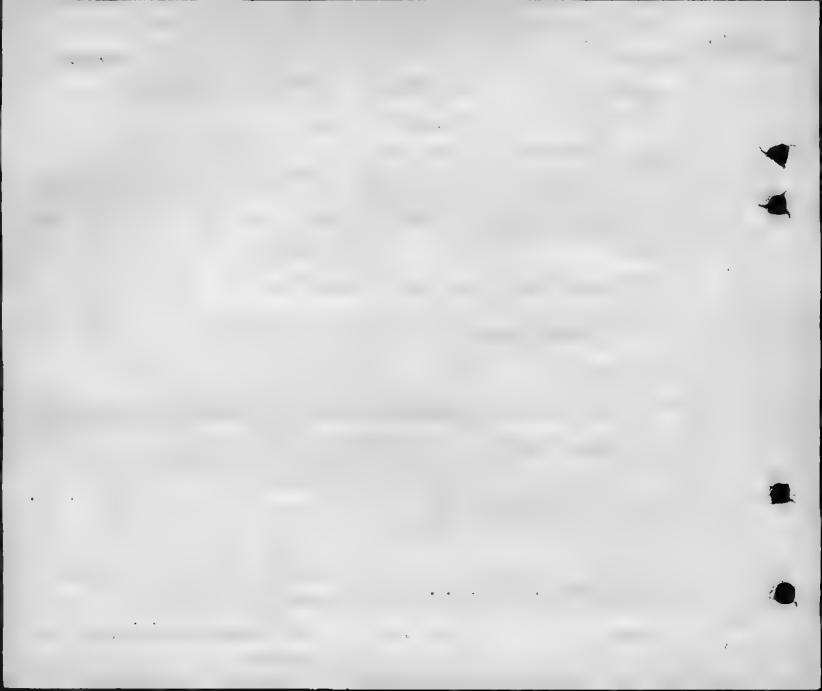
(State)

Md.

YES

Day

20.



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

YES NO 📆

Yeor

1961

Baltimore

IF UNDER I YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO T

(Stote)

SIGNED

Doys

USA

(County)

196 that (1) (we) last

(Stote)

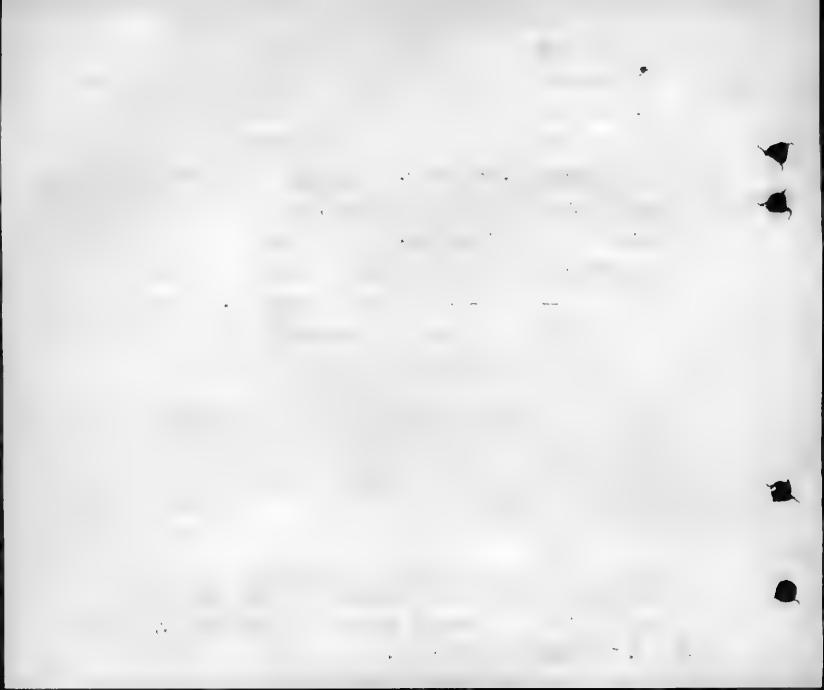
Months

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY: o STATE filed b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give nearest town) Essex (21) Essex d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 581 Welbrook Road 581 Welbrook Road NAME OF Middle Lost Month DECEASED OF Poges death. (Type or print) DEATH J. Schepers Sr. August Bernard 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH DIVORCED [WIDOWED 🜄 yrs. Male poper 10a, USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Ratired Airplane Mfg. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Schepers Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Bernard Schepers Jr. Same offending No CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Brostatic curcuitora reladation **DUE TO** Conditions, if ony, which gned (b) gove rise to immediate **DUE TO** couse (a), stating the under has been si lying couse lost. 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY callwides o this 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH artificote (IF EITHER, NOTIFY MEDICAL EXAMINER! CAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d, INJURY OCCURRED factory, street, office bldg., etc.] Hour o. m. While Not while of work of work detoched for 196/. ta 21. I certify that (I) (this haspital) attended the deceased fram... _19.61, and that death accurred at 11.4 M. from the causes and an the date stated above saw the deceased alive an. 22a SIGNATURE ATTENDING å M.D PHY5 DIRECTOR -22c PHYSICIAN'S 22d. ADDRESS 0 NAME (Type) LATT. MD: 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) poge the Sk REMOVAL (Specify) Ebenezer Cemetery Burial Beltimore Co., Maryland ~ADDRESS 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 3UG 2 9 '61 Eastern Ave. Cathin & House

director, filed with the funeral should be fi and

DIRECTOR: FUNE 0 VR A15 (4) 15M 9/59

affending



BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Rasidence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown] d NAME OF HOSPITAL OR INSTITUTION (if not In hosp to , give street address) d STREET ADORESS 3. NAME OF DECEASED (Type or print) DEATH 6. COLOR OR RACE AGE (In yours | IF UNDER 1 YEAR 7. MARRIED [NEVER MARRIED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) / (Ifyas giva war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Office **DUE TO** gava rise to immadiata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'a) 19. WAS AUTOPSY CERTIFICATION bluods 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of stam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 71/-16 1 2Dd, INJURY OCCURRED 20s, PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., atc.) While Not Whila al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion death resulted from: Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE 6 Hanover pinous 22a, BURIAL, CREMATION, 22b, DATE THEREOF NAME OF CEMETERY OF CREMATORY DE REMOVAL (Spacify) 0 240 44a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 15000.6010 Ke 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

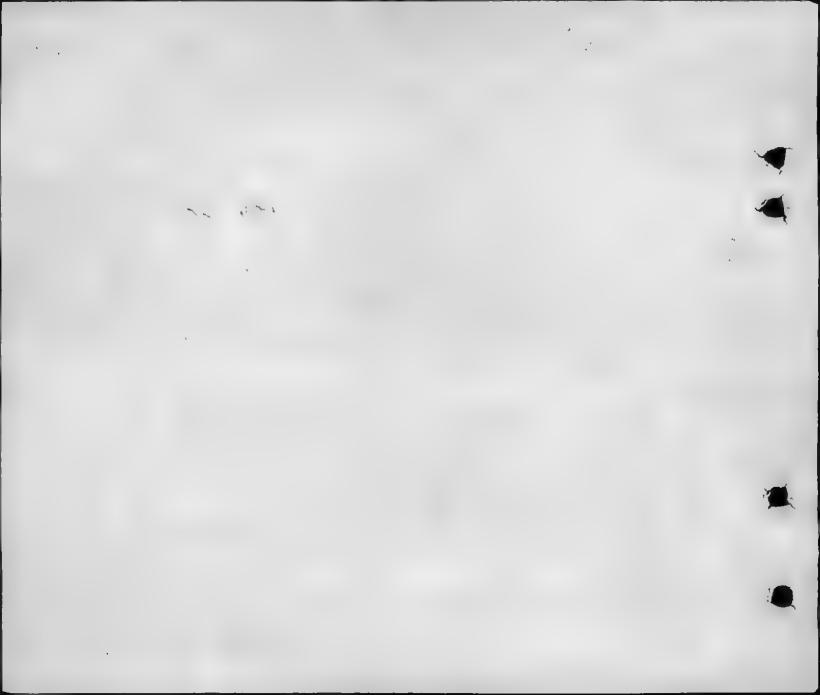
a. IS RES DENCE ON A FARM?

IF UNDER 24 HRS.

PERFORMED? NO

Y MEDICAL.

e execute the certificate Translated Neoverthe to the Chief Meoverthe to the Chief Neoverthe to the Country to burial, or the burial, or the burial, or the burial, or the burial or the b



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 7 IISTIAL RESIDENCE (Where decasted lived, if institution: Rasidance before admission a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 writa RURAL and give neerest town! Ed d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address) e. 15 RESIDENCE ON A FARM? YES I' NO E DECEASED (Typa or print) - 19 last birthday) USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. HRTERIO - SCHOROTIC HEART DISCASE gava rise to immediate causa DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO TE 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, [State] Month, Day, Yaar 20t. (City or fown) (County) factory, street, office bldg., atc.) While Not While at work al work 21. I certify that (I) (this hespital) attended the deceased from J.A.N. 19.5 to 19.6/that (I) (we) last .19 62, and that death occured by 20M, from the causes and on the date stated above. saw then deceased alive RIGHATURE 22d. ADDRESS 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spacify) emova 26. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If sostitution, Residence before admission) D. STATE Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 4614 Reisterstown Road Caton Ridge Nursing Home Middle 4. DATE Month W. H. Arthur (Type or print) Schultz DEATH August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [7] 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) White Feb. WIDOWED DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State or foreign country) during most of working life, even if retired) Car Builder & O. R.R. Wisconsin 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknows Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Span.Amer. 219-01-0663 Mrs.M.V.Bright 4614 Reisterstown Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOFSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED Not white

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

(County)

... 19. that I last saw the deceased

Rea, Dist. No.

Months

Dovs

U.S.A.

e. IS RESIDENCE ON A FAPM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

YES NOTE

Year

1961

CERTIFICATION

20c. TIME OF INJURY Month. Day, Year Hour p. m. While of work of work p. m.

21. I certify that I attended the deceased fram.

factory, street, office bldg., etc.)

and that death accurred at L. M. from the causes and on the date stated above.

(Stote)

DATE SIGNED

PERFORMED? YES NO .

ACTUAL SIGNATURE

COUNTY

NAME OF

5. SEX

fala

VOS

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY Balto. National

22d LOCATION (City town, or county) Baltimore.

ADDRESS (Street, city or town, state)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a, REC'D BY REGISTRAR C. Vernon Lemmon 4611 Park Heights Ave., DATE AUG 2 5 '61

24b. REGISTRAR'S SIGNATURE arthur & thouse

VS A15 (4) 15M 10/57

O

funeral

FIRST

should

2. •

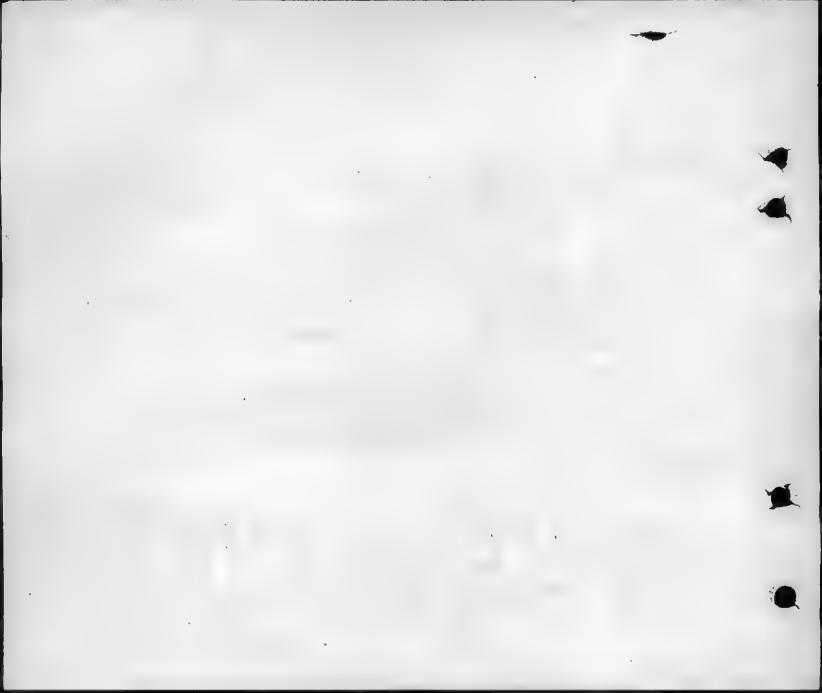
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0.8949

1	PLACE OF DEATH a. COUNTY				- 11	2. USUAL RESIDEN	VCE (When	e deceased	lived. If institution b. COUNTY	n: Residence	before adm	Hssion)
		Baltimore		MARYL	AND		Md.		u. cobierr	Bal	timore	Э
	b. CITY OR TOWN (IF RURAL and give no		ts, write	c. LENGTH OF STAY I	N 1b	c CITY OR TOV	WN (If out	side corpor	ote limits, write RI	JRAL and give	e neores1 to	iwn)
	Baltimore					X Baltimo		Arbut	us)			
	d. NAME OF HOSPITA OR INSTITUTION	Ac (If not in haspital, g	jive street (oddress)		d. STREET ADD	RESS				e. IS R	RESIDENCE
	555%	Carville	Aven	10		5552 Ca	arvil:	le Av	enue		YES	□ NOX
1	3 NAME OF DECEASED	Fir	st	Middle		Last		OF	Mon	th	Day	Yeor
	(Type or print)	Helena		D.	8	XX Sewell	L	DEATH	Augus		9,	1961
1	S SEX	6 COLOR OR RACE	7- MARR	IED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH			P. AGE (In years lost birthday)	IF UNDER 1	YEAR IF UN	NDER 24 HRS
	female	white	WIDOWE	D DIVORCED		Feb. 4, 1	1872		89 yrs	WOULDS D	DA2 LION	rs Min
	106. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUST	RY 11. BIRTHPLACI	E (State or	fareign ca	untry)	12. CITIZE	N OF WHA	COUNTRY
	nursing					I.	Maryl:	and		U.	S. A.	
	13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NA	ME				
	John Heiner					KKKKKKKX	OK Fre	ederi	cka Marr	S		
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INF	DRMANT			Addr	ezz		
	no			one	Mar	guerite H	luber	5552	Carville	e Aveni	ue #2"	7
	1 1	TH [Enter only one co	use per iir	e for (a), (b), and (c)]		0 -					INTERVAL ONSET AN	
	PART I. DEAT	TH WAS CAUSED BY- IMMEDIATE CAUSE (o	, (b)	PORC.		A lene	-				6740	Ju .
	156.1	DUE TO	1	Down em	ه	K-0						4
	Conditions, if on		,	Cechexia	den	CK0-70	Leu d	Les			1 more	h-t-
	gave rise to in couse (a), stating t	mediate (Duc To		60.10		PA	8				177	h
	lying couse lost.) (c)	.OW alene	وسعم ا	160 plu	ur shee	9-8			1000	9
	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO TH	HE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART		AS AUTOPSY REORMED?
			1.	/								□ NO □
	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	TRIBE HOW INJURY OC	CURRED.	(Enter noture of in	njury in Po	rt I or Porl	If of item 1B.)			
	Y 20c TIME OF INJURY Hour a.m.	Month, Doy, Yes	or 20d IN While	JURY OCCURRED Not while	20e. PLAC	E OF INJURY (Honey, street, office bl	me, farm. Ida., etc.)	20f (City	ar town)	(Car	unity)	(State
	p, m,	19	of work			10				J.		
	21 1 certify that	(I) (this haspital	l) attend	ed the deceased I	fram	1009	8, 12	1.10	NEG G	19.6	, that (I) (we) las
	saw the decease	ed alive an 🕡	1000	8_19_6, and	that de	ath accurred o	1301	from	the courses an			
	22a SIGNATURE	1 ~ 5	IF	9 70 -		177510110	7					22b DATE SIGNED
	1/52	deres 1:		Je ler	M.		MED DIRE	CTOR 🗍	STAFF PHYS			3101466
	22c PHYSTCIAN'S NAME (Type)					22d ADDRESS	_					
		Frederic	Beit!	Ler, M. D.			Franc	cis A	venue, Ha	aletho:	rpe 2	7, Md.
	236 BUR AL, CREMATION REMOVAL (Specify)	23b DATE THEREC)F	23c NAME OF CEME	TERY OR	CREMATORY	2	3d. LOCAT	ON (City, town, o	or county)	(S	itote)
1	Burial	8/12/61		Loudon Pa	rk C	emetery		Balt	imore, M	arylan	d	
	24 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	Bal	timore 25	So REC'D	BY REGISTI	RAR 2Sb. REGIS	STRAR'S SIGN		
	Howard H. Hi	bhard 410	7 W: 11	kens Avenue	Md	l n	ATE PUD	1 4 6	C	thur & fl	and.	

within 24 nayers after death Page 4 h by the funeral director, and 2 should be filed with Pages 1 TO HOS ALOR ATTENDING CHYSICIAN: The law requires that the death certificate be executed within 2 may be anned by the hosp.

TO FUNEKAL DIRECTOR: After the certificate has been signed by the attending physician and came celly filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers Pages the State Baard of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death



8919

(1891)

ι.fi	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
4	Dalle MARYLAND	a. STATE MAL B. COUNTY Balto
	b. CITY OR TOWN (if outside corporate limits, write RUBAN and give nearest town)	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS 1/020 Mace CUE o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) JOHN EDWARD SHAN	AHAN 4. DATE OF Manth Pay Year OF DEATH Clug. 774 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10-15-1908 9. AGE In year IF UNDER ? YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	Too. JSMAL OCCUPATION (Give, kind of work done 10b, KIND OF BUSINESS OR INDUSTRIES OF	STRY 11. BIRTHPLACE (State or fogeign country) 12 CITIZEN OF ACHAT COUNTRY?
	Tolm Shanahan	14. MOTHER'S MAIDEN NAME PRUBLEW
0	(Yes, no, or unknown) (If yes, give wor or dates of service)	TO. F. Shanahan Jame so afore)
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	milure Interval Between ONSET AND DEATH
	Conditions, if any, which) DUE TO COULEN HATE	lung with petensine 3 years
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO MULTIPLES (c)	
A	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
J	206 ACCIDENT WAS UNDERLYING TO 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18)
	ZOc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL While Not while for at work at work at work	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) tary, street, office bldg., etc.)
R	21. I certify that (!) (this hespite!) attended the deceased fram	leath accurred at PM, fram the causes and an the date stated above.
	22a SIGNATURE	ATTENDING MED STAFF S GNED
	22c. PHYSICIAN'S EUGENEC. BAUMANN	413 EASTERNAIE BALTIMOREZI, MA
1	230 PURIAL, CREMATION, 236 DATE THEREOF 230 MAME OF CEMETERY OF SEMENTERS OF CEMETERY OF SEMENTERS OF CEMETERY OF CEMETERS OF	REGENATORY Ceus. Balts Co: Wind.
4	2/ F. MERAL DIFECTORS SIGNATURES 418 Eastern Std.	21 ml DATE AUG 11 '61 CLITHUR S. Think

TO HOS.

TO HOS.

TO HOS.

TO FUNERAL DIRECTOR: A free first of the first of the death certificate be executed may the lined by the hosp.

TO FUNERAL DIRECTOR: After 12, certificate has been signed by the attending physician and come, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers, the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 harfs.

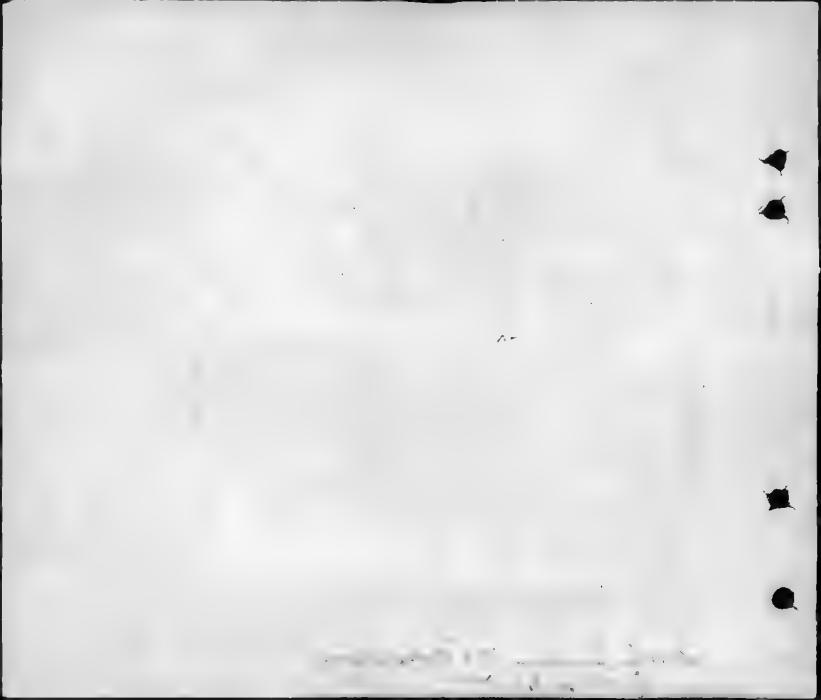
VR A15 (4) 15M 9/59

by the funeral director, d 2 should be filed with

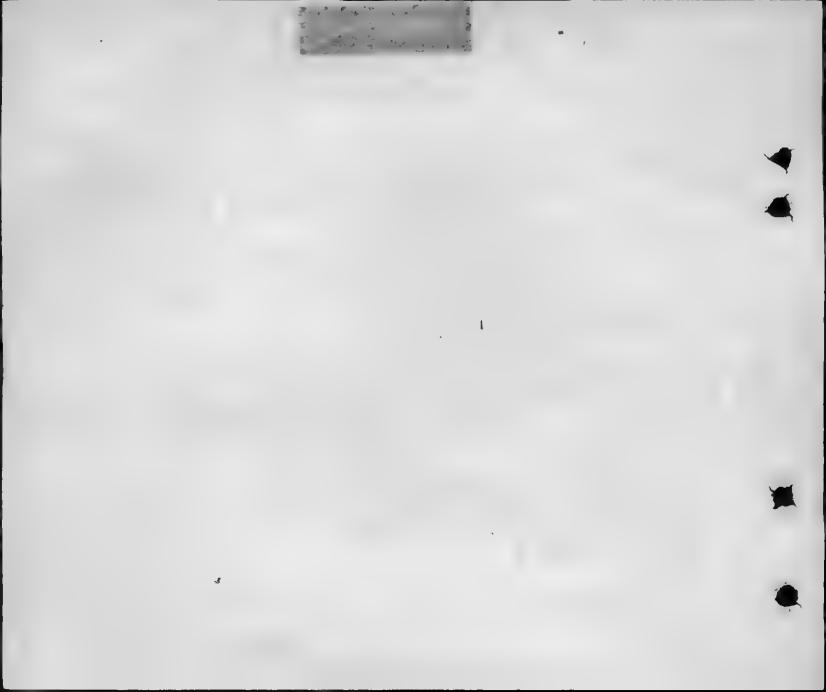
Jurs after death. Page 4



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		8920 CERTIFICATE OF DEATH Reg. Dist. No. 118917
lled will	1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE MARYLAND D. COUNTY
III pe III	1	b. CITY OR TOWN (If outside corporate limits, write purple of LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAt and give nearest fown) NRAL and give nearest fown) NRAL and give nearest fown)
J 2 show		d. NAME OF HOSPITAL (IF not in hospitol, give street oddress) ORINSTITUTION CLE DROADSHIP RA C2 BROADSHIP YES IN NOTE ON A FARM? YES IN NOTE ON A FARM?
S S	3.	NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) LAWRENCE LEO SHEARER DEATH AVC, 21, 1961
Pog		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years loss birthday) Months Doys Hours Min M
death.		12. CITIZEN OF WHAT COUNTRY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) W. VA. 12. CITIZEN OF WHAT COUNTRY W. VA. V.S.A.
rs offer	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16 MARY A, KRAUS.
ing printing	15,	NO HAS #2 ABOVE
oriend an pleas at within		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ARTERIO SCLEROTIC CARDIOVAS CULAR DISEASE OF SCHOOL O
a by meit. The		Conditions, if any, which gove tise to immediate (b)
an signe asit per and in	-7	couse (o), stoting the <u>under-lying couse lost.</u> DUE TO
has be riol-tro movol.	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
thicate s the bu n, or re	AL CERTIFI	
remotio	MEDICAL	
t: After ached fo puriol, c		21. I certify that I attended the deceased from NOV, 1955, to 2/AUG, 1961, that I last sow the decease alive on 27 MARCH, 1961, and that death occurred at 240 AM, from the causes and on the date stated about
RECTOR		ACTUAL MATURE MANUEL Rainers M.D. 1105 OLD EASTERN AVE. 8-21-
should a		PHYSICIAN'S MORRIS RAINESS, M.D. ESSEX 21, MD.
O FUNE page 3 the regi	4	BURIAL CREMATION. 220 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) REMOVAL (Society). 8/24/6/ 3T. BONIFACE CHURCH YARD LEADING CREEK - W. VA
A1S (4) 19/SS	23	Brooks Practice 700 Willow Spring DATE 246 REGISTRAR'S SIGNATURE Critical S. Krane
		Sundelle & 2 , and . Rel.



PRESTON STREET, BALTIMORE 1, MARYLAND MICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY files. PLTIMORE b. CITY OR TOWN (if outside corporate I mits, MARYLAND c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. for your I write, RURAL and give nearest town) UNDALK NOALO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? the State B YES NO 3. NAME OF Middle (Typa or print) DEATH 1961 With AGE (In years .FUNDER 1 YEAR F JNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 wit last birthday) | Months | Days and 2 w WIDOWED T DIVORCED 10a. USJAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY B.RTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) ve Pages PM3. Page 14. MOTHER'S MAIDEN NAME pages 13. FATHER'S NAME it. File I form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. Address permit. (Yas, no, or unkown) | (If yes give wer or detes of service) along with 18. CRUSE OF DEATH [Enter only one cause per e for (a), (b), and (c).] ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) Office FOUE TO Conditions, if eny, which gava rise to immediata causa N D **DUE TO** (a), stating the undarlying 35 Examiner nsed PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:811 19, WAS AUTOPSY PERFORMED? g Medical should be 20b. DESCRIBE HOW INVURY OCCURED, Lenter nature of in ury in Pert I or Part II of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the C. Page 3 > 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED (20e. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (Stata) factory, straet, office bldg., atc.) While Not While at work at work prior OR: I 21. I certify that I took charge of the remains described above, held an Autopsy forwarded I Natural causes 1 Accident Su cide Homicide Undetermined manner death resulted from-CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED should be for FUNERAL I ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, fown, or county) T22d. TOCATION (City, town, or country) 22a. BURIAL, CREMATION, 225. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 240 p GARDENS 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. AISME 5M 9,60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY **b.** COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) Monkton Monkton .9 filled a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM? Shepperd Road Shepperd YES X NO 3. NAME OF Middle DECEASED OF (Type or print) Morrison DEATH Sparks 1961 Joe 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 5. SEX 19. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Days DIVORCED 12. CITIZEN OF WHAT COUNTRY! гетоме 10a, USUAL OCCUPATION (Give kind of work I 10b. KIND OF BUSINESS OR INDUSTRY 11 8 RTHPLACE (County & State, or foreign country) physician done during most of working life, even if relired) USA Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Then please Francis Morrison Sparks Julia Remare 15. WAS DECEASED EVER IN J.S. ARMED FORCES? Then . 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordetesofservice) Pauline P. Sparks physician. Samo 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH signed by I. DEATH WAS CAUSED BY: Cerebral thrombosis IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which Hypertension gava rise to immediate cause DUE TO (a), stating the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? prior 2Da, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, , 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., elc.) Not While at work at work saw the deceased alive on ... Aug. 1 .., and that death occured at 58.M, from the causes and on the date stated above. ATTENDING 22b. DATE 22a, SIGNATURE STAFF **SIGNED** DIRECTOR PHYS, 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A. M. France Parkton Nd. 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 123b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) OF Baltimore County Burisl Johns (Long Green) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A18 (4) 15M 9/60 H.W. Jankins & Sons Co. 4905 York Rd., 12



MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS

by the physician.

affending ò



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEAT 2. USUAL RESIDENCE (Whara dacassed lived, If Institution: Rasidence before edmission) e. COUNTY al STATE **6. COUNTY** BALTIMORE MARYLAND DORCHES TER b. CITY OR TOWN (if outs de corporate limits, c CITY OR TOWN (If outside corporete I m ts, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 writa RURAL end give neerest town CAMBRIDGE FORT HOWARD 21 Davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO DOUGLAS VETERANS ADMINISTRATION HOSPITAL 3. NAME OF LATE Middle DECEASED DEATH (Type or print) AUGUST 1963 SAMUEL STAFFORD 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Male MARCH 17. WIDOWED DIVORCED T YIS. 10a. USJAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Ovster Company Cambridge, Maryland &U.S.A Ovster Shucker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas Martin L. Stafford Lucy Stiles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give wer or detes of service) Clin.Records, VAH, Balto. Md. Ft. Howard Divi 217-10-8667 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), end (c), I. DEATH WAS CAUSED BY. CARCINOMA OF LUNG WITH METASTASTS TO BRAIN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), steting the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY PERFORMED? NO -20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Perl I or Part II of tem 18)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, straat, office bldg., alc.) While Not While et work at work 21. I certify that XXX (this hospital) attended the deceased from August 5......, 1961 to August 26. ., 1961, that (b) (we) last saw the deceased alive on August ... 26 1961 and that death occured B:15 Mfrom the causes and on the date stated above. 22b, DATE 27e SIGNATURE SIGNED D RECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) LAWRENCE RUBIN, M.D. VAH. BALTO. MD. FT HOWARD DIV. 123c NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a. BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) O. T. S Bethel Cemetery Cambridge, Maryland Buri al 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circling S. Trans Elroy O. Wilson Funeral Home, 1000 Brantley Ave. DATAUG 30'61 15M 9/60 Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY **b.** COUNTY MARYLAND LENGTH OF STAY IN 1h. c. CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town) SSEX ON A FARA YES NO DECEASED (Type or print) DEATH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) physic THEAヶER 17. INFORMANT KNOWN WAS DECEASED EVER N. U.S. ARMED FORCES? 16. SOCIAL SECURITY NO CHARLES STICHEL 3345 ROBINSON 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: LYMPHO SARCOMA IMMEDIATE_CAUSE (a) DUF TO SPLEEN LUNTO WITH INETASTASIS 70 ceve risa to immadiate ceuse DUF TO (a), stating the underlying PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? OF MASS AT S.B. 64. 7-21-61. NO V 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CI CAUSE DEDTEATH 20c. TME OF INJURY Month, Dev. Year 20d. IN.URY OCCURRED, 20e, PLACE OF NJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg, etc.) et work () that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 4. -1.0-6.1.19..., to , and that death occured at 5.12M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. SIGNED Com PHYS. M.D 22c PHYSICIAN'S 228 ADDRESS NAME (Type) 842 S. FAST AVE 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF, | 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) ST. DATE AUG 4 15M 9/60



CERTIFICATE OF DE	EATH

ARCH AND RECORDS — BALTIMORE I, MARIEAND	11 1 11 1
FICATE OF DEATH	0891

(State)

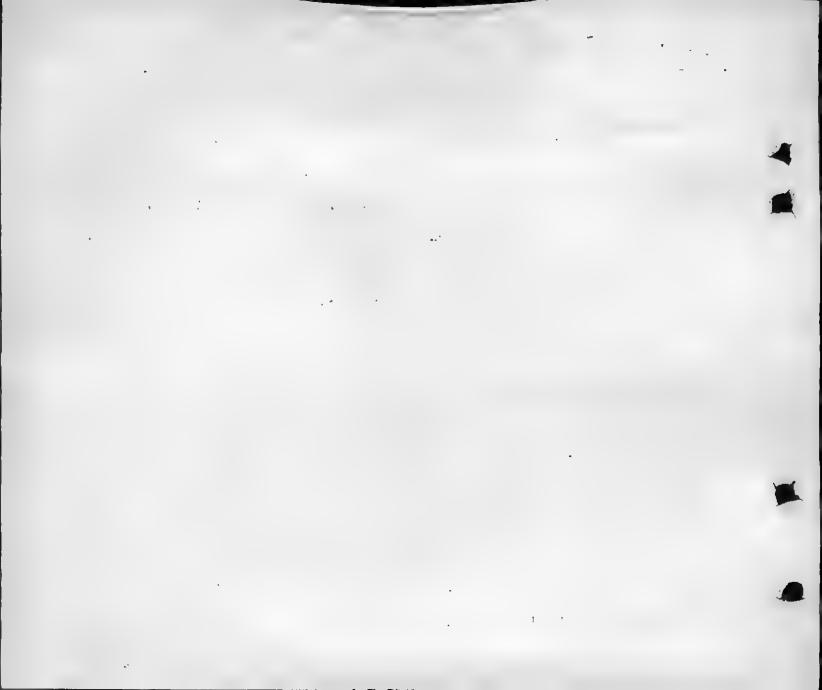
	2025	CERTIFIC	ATE OF DEATH		ACATY	
1. PLACE OF DEATH © COUNTY	Baltimore	MARYLANE	d STATE	here deceased lived. If institution b COUNTY	n Residence before admission) Baltimore	
b. CITY OR TOWN RUBAL and give r Baltimo	(If outside corporate limits, writh learest town) Or C	e c. LENGTH OF STAY IN 15	Baltimore	outside corparole limits, write RU	IRAL and give nearest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre 232 Arbutus Ave	eet oddress) enue	d. STREET ADDRESS 5232 Arbut	us Avenue	e. IS RESIDENCE ON A FARM? YES NO K	
3. NAME OF DECEASED (Type or print)	William	Middle Henry	Stier, Sr.	4. DATE Monti	21, 1961 ₁₉	
s sex male	1 4 4	ARRIED NEVER MARRIED DIVORCED	Jan.30, 18	lest birthdoyi	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.	
during most of wor B & O R.	rk <u>ing</u> life, even if retired)	66. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State Maryland	or foreign country)	U. S. A.	
13 FATHER'S NAME Willian	n Stier		Mary F. J			
	ER IN U. S ARMED FORCES? (If yes, give wer or dates of service)		INFORMANT Bertha W. Stier	5232 Arbutus	Avenue #XX #27	
Conditions, if gove rise to cause (a), starting lying couse lost. PART II. OT	immediale DUE TO (c)	NS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERM	LINAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO	
200 ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)		RRED. (Enter noture of injury in			
Y 20c. TIME OF INJU Hour o. m. p. m.	wh.	d. INJURY OCCURRED 20e. iile Not while work 0 of work 0	PLACE OF INJURY (Hame, form factory, street, office bldg., etc.		(County) (State	
21 I certify that (I) (this haspital) attended the deceased fram						
22c PHYSICIAN'S	1000 7 20	Mar Harry	M.D ATTENDING M.D PHYS D	NED STAFF IRECTOR PHYS	22b DATE SIGNE	
NAME (Type)	Stanley Ankue			Baltimore Stre		
230 BURIAL, CREMAT REMOVAL (Specify BUTT al	8124161	St. John's	Cemetery	23d. LOCATION (City, fown, o	y, Maryland	
24. FUNERAL DIRECTOR HOWARD H.		ADDRESS Wilkens Avenue		ERE 201	STRAR'S SIGNATURE	

please hos been signed by may be refaired by the haspit.

TO FUNERAL DIRECTOR: After the page 3 should be detached for the Stote Board of Health prior.

ofter death Page 4

VR A15 (4) 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH PLACE OF DE e. COUNTY Baltimore by the and 2 seeth. MARYLAND b. CITY OR TOWN (if outside corporete Limits. c. LENGTH F STAY IN 16 write RURAL and give nearest town) Catons ville days .⊆ d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF Midd a paper? F'est DECEASED (Type or print) Howard John 6. COLOR OR RACE TO MARRIED THEYER MARRIED WIDOWED T male white DIVORCED [done during most of working life, even if retired) maintenance restaurant 13. FATHER'S NAME Thomas Stokes (Yes, no, or unkown) (If yes give wer ardeles of service) Natl. Guard 110th fld. art. -Pikesvll. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (8) gave rise to immediate cause. 0 £ 200. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year While Not While et work saw the deceased alive on... 22a. SIGNATURE FUNERAL 1 22c. PHYSICIAN'S NAME (Type) Stella Wachster, M. D. filed v

A do de

VR A15 (4)

15M 9/60

TON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where deceased lived, It institutions Residence before address on) Item 4 Film Gery 4/14/UL e. STATE b. COUNTY e CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d STREET ADDRESS . IS RESIDENCE ON A FARM? 1624 Light Street NO YES 🗍 4 DATE Month OF DEATH August 19 Stokes B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months Deys April 7, 1903 Mrs. 100. USUAL OCCUPATION (Give kind of work | 100. K ND OF BUSINESS OR NDUSTRY; 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U. S. A. 14. MOTHER'S MAIDEN NAME Bertha Lettau 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO . 17. INFORMANT Address Records: STATE HOPITAL INTERVAL BETWEEN ONGET AND DEATH PERFORMED NO K 20b. DESCRIBE HOW INTURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) 21. I certify that (It (this hospital) attended the deceased from ... Aug. 19....., 1961, to Wing . 2. 4 ..., 19.61, that (I) (we) last .19.6.C., and that death occured at J.P.M. from the causes and on the date stated above 22b. DATE SIGNED ATTEND NG PHYS. DRECTOR PHYS. 22d. ADDRESS Catonsville. Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF | 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) Green Mount Cemetery Baltimore, Maryland 256. RECORN REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Flynn & Fleming, 1422 Light St. Balto. Mu. arthur & Kraus



AARYLAND STATE DEPARTMENT OF HEALTH



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution, Residence before admission) e. COUNTY Baltimore e. STATE 4 2 4 MARYLAND ō b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neares) lown) by an write RURAL end give nearest town)
Catonsville 9vrlmth2dvs Havre deGrace, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) D. IS RESIDENCE ON A FARM? STATE HOSPITAL 716 Ontario Street YES NO K 3. NAME OF First Year DECEASED Mary 1961 (Type or print) DEATH Thomnson AUG 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years 1 IF UNDER 1 YEAR | IF JNDER 24 HRS. last birthday) Months! Days Hours female whi te WIDOWED IX 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) houseiwfe ETIRED Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph McVey Josephine Tollinger 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknwn) | (Ifyesgivewer or dates of service) #0 7-40-7564 Records: STATE 18. CAUSE OF DEATH [Inter only one cause per line for (e), (b,, and (c) INTERVAL BETWEEN ONSET AND DEATH CARDIOVASCULAR COLLAPSE IMMEDIATE CAUSE (+) (B) HYPERTENSIVE ARTERIOSCLEPOTIC CARDIOVAS geva rise to immediate causa DUETO CULAR DIS FASE. (a), stelling the underlying PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert | or Part | of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While at work at work 21. I certify that 0x (this hospital) attended the deceased from April 9 1952, to 8-11-64, 19 that (1) (we) last 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. PHYS. death. To FUNERAL director, page 3 22d. ADDRESS 22c, PHYS.CIANS STATE NAME (TYPE Catonsville 28. Maryland 1 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 1236. DATE 1 23d. LOCATION (City, fown or county) REMOVAL ~ (Specify) 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & Krow

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8929 2 LISUAL RESIDENCE (Where deceased lived. If institution: Residence before admission 1 PLACE OF DEATH

3	a. COUI	VTY	Baltimore	MARYLA	AND	o. STATE Maryl	and	. COUNTY Bal	timore
	b. CITY RURA	OR TOWN (If L and give ne	outside corporate limits, wi prest town) Oella		N 16		outside carporate lin	nits, write RURAL and	give nearest town)
		E OF HOSPITA NSTITUTION	AL (If not in hospital, give s 661 Oella A	'		d. STREET ADDRESS	ella Aven	ıue	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME (DECEAS (Type or	ED	First Lillie	Middle G.		Tipton	4. DATE OF DEATH	Month Aug.	
		emale	White with	MARRIED X NEVER MARRIED DOWED DIVORCED		ATE OF BIRTH Uly 31, 18	84 last	birthday) Months	Days Haurs Min.
			ing life, even if retired)	Own Home	INDUSTRY	11. BIRTHPLACE (Stoke Maryla		12.CIT	U. S. A.
1	13. FATHER		Louis Canapp		1.	. Mother's Maiden I	_	ne Garrison	
	15. WAS D (Yes, no or b NO		IN U.S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 213-09-6077	17. INFO	. Edwin Fis	her 661	Address Oella Ave.	Oella, Md.
	18. C/		TH [Enter anly one cause TH WAS CAUSED BY IMMEDIATE CAUSE (a)	per line far (o), (b), and (c).	1 pm	mlaze	/		INTERVAL BETWEEN ONSET AND DEATH
	gave	ditions, if an rise to in (a), stating to cause last.	nmediate (Le furtirsie l'	lande	iv-Vasc	Dist	ase	3 Jeans
î	CERTIFICATION ON CO.	PART II. OTH	ER SIGNIFICANT CONDING	ONS CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PAR	19. WAS AUTOPS PERFORMED? YES NO
		CCIDENT WA INTRIBUTING HER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in	Part I or Part II of i	tem 18)	
		ME OF INJURY Hour a.m. p.m.	10 V	0d, INJURY OCCURRED 2 While Nat while twork at work		OF INJURY (Home, farm, street, affice bldg., etc		vn) (1	County) (Stat
	22a S	the decease	ed alive an Alex	tended the deceased f		ATTENDING D	M, from the co	causes and an the	e date stated above
		HYSICIAN'S AME (Type)	William F.	Gassaway M. 1	D.	22d. ADDRESS	- lig	mil	
	REMO	, CREMAT OF VAL (Specify) Urlal	8/5/1961	23c NAME OF CEMET		REMATORY		City, tawn, or county)	(State)
	24. FUNER	AL DIRECTOR'S		ADDRESS			D BY REGISTRAR	25b, REGISTRAR'S SI	GNATURE
	1-120	402112	Eurosal He	mak Catonsvi	77e.	Md . DATE AL	ic 7 '61	Clarkup 8	Transpl

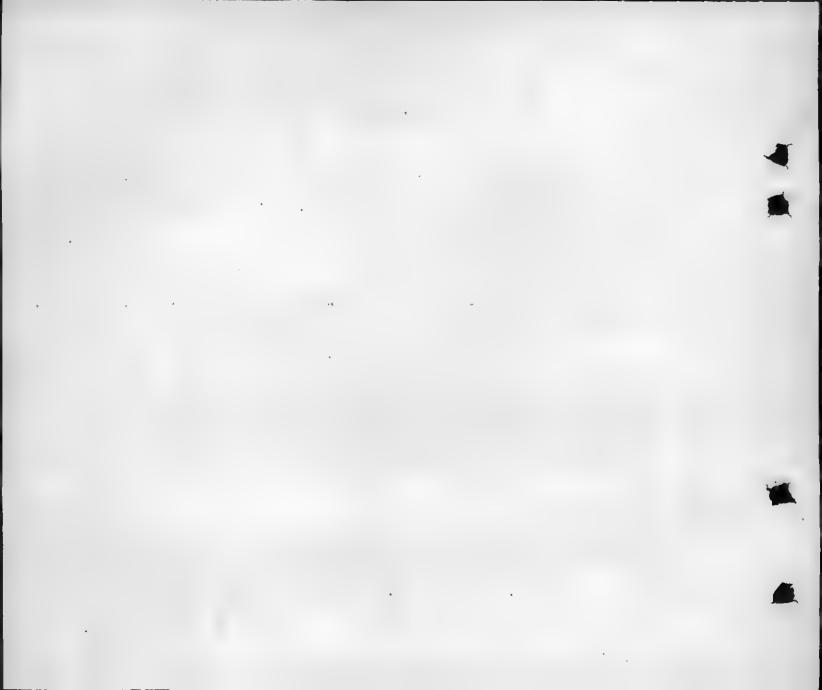
: ofter death. Page 4 the funeral director, should be fi ed filled carificate behysician.

Carificate been signed by the attending physicion and cam.

Carificate buriot-tronsit permit. Then please remarke carbon papers. Page as the buriot-tronsit permit. Then please remarken at the please remarkin. Or remarkin. vsician: The law requires that the death certificate be page 3 shauld be detoched for use as the burial-tro the State Board of Health prior to burial, cremation, ned by the haspir OR ATTENDING

with

TO FUNE TO HOSP VR A15 (4) 15M 9/59



REET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dangered lived, If institution, Rasidence before admission) e. COUNTY b. COUNTY a. STATE Baltimere Meryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naeres) lown) write RURAL and give negrest town) Sparrows Point Sparrows Point (19)vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) . IS RES.DENCE Boar ON A FARM? 510 D Street YES NO X 510 Street State 3. NAME OF Midd.e 4 DATE Month Year DECEASED DEATH (Type or print) RITHA MINNIE TOWSON 19 67 9th. August affer 9. AGE (In years) IF UNDER I YEAR 4. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours June femal white WIDOWED IX DIVORCED 38 5 y IDA. USUAL OCCUPATION (Give kind of work IDB. KIND OF BUSINESS OR INDUSTRY I. 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) IISA Maryland Housewife pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Beatrice Green Walter Stevenson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) | (Ifyesgivewerordetesofservice) perm no Mrs. Robert none same as 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) stic bas oven head DUE TO burial, noval, gava rise to immediate cause **DUE TO** (a), stating the underlying PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HELD TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN GIVE PERFORMED? cal Ey Id be YES NO K DESCRISE HOW, INJURY OCCURED, Jenter nature of injury in Pert | or Part | of Itan 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING et a ficate, w. to the Chief P: Page 3 20d. INJURY OCCURRED 20e PLACE O INJURY Home, form, While Not While AEDICAL 20f. (City or town) Month. Doy, Year (Sinte): al work at work 21 I certify that I took charge of the remains described above, held an Autopsy-Inspection and in my opinion forwarded L DIRECT HO Undetermined manner death resulted from. Natural causes Accident Suicide 1/1 Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute should be fo FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 8/10/61 EXAMINER'S Dundalk (22 Mder. or county) Melvin B. Davis, M. D. Duridadik (S. C. 2). Date thereof | 22c. NAME OF CEMETERY OR CREMATORY NAME (Typa) 22b. DATE THEREOF 1 22d, LOCATION (City, town, or country) (State) 224, BURIAL, CREMATION, REMOVAL (Specify) Q40 p Lawn Cometery Baltimore 24b. REGISTRAR'S SIGNATURE Baltimore Co. Maryland Burial 23. FUNERAL DIRECTOR V5. A15ME D: arthur S. Thomas Walter Brooks Bradley, Inc., Dundalk 22, Md. DATE

AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08023

- 1						(),	U to West
1	1 8	PLACE OF DEATH	MARYLAND	o. STATE	ere deceased lived. If institution b COUNTY		
Л		Baltimore		Maryl	and	Baltimo	
	Ŀ	 CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) 	h = 0	c. CITY OR TOWN (IF or	utside corporate limits, write RU	RAL and give nea	rest town)
		Halethorpe	5 yes.	X Halethor	pe		
	(d. NAME OF HOSPITAL (If not in hospital, give	street address)	d STREET ADDRESS			e. IS RESIDENCE
		or institution 1243 Francis Ave.		/1243 Fran	cis Ave.		YES NO.
	ſ	NAME OF DECEASED (Type or print) Isabel V. Tub	Middle B	Last	4. DATE Month OF DEATH AUGUST	6,1961	y Year 19
	S. S	SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years		IF UNDER 24 HRS
	F			10/25/77	83 birthdoy)	Months Doys	Hours Min.
		USUAL OCCUPATION (Give kind of work done	e 106 KIND OF BUSINESS OR INDUS		or foreign cauntry)	12 CITIZEN OF	WHAT COUNTRY?
		during most of working life, even if retired) House work	Own Home	Maryland	_	U.S.A	A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N			
		Unknown		Unknown			
J		WAS DECEASED EVER IN U. S. ARMED FORCES to not or unknown) [1 (If yes, give wer or dates of service		FORMANT	Addre	255	
1	,	No		oland F.Tub	bs 1243 Fran	cis Ave	9.
		18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]			INTE	RVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	(Iremio			ONS	ET AND DEATH
		IMMEDIATE CAUSE (a)	CA. Carrier				
	- 1	Conditions it may which	(1)	F . 1. 1/2		Α	a ,
	- 1	gove rise to immediate	Co Za	1	Car Ci		1
	couse (a), stating the under- lying couse lost.					1	INVIVOU
	Z	PART II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o)	
	ΑŢ	PERFORMED? YES NO FI					
	띪	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B)					
A		20a. ACCIDENT WAS UNDERLYING A 20& OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. DESCRIBE HOTE HODE OCCURED	e temes maiore at import in t	off to the state of the state o		
	MEDICAL			CE OF INJURY (Home, form,	20f. (City or town)	(County)	(State)
	9		While Nat while raci	tary, street, office bldg., etc.			
		21 I certify that (I) (this hospital) a		The ing 19.	1. to Maynet	t 19\$\(\alpha_L\), th	at (I) (we) last
		saw the deceased alive an 1/2 12 19 W, and that death accurred at 1/1M, from the causes and an the date stated above					
,		220. SIGNATURE // 22b. DATE ATTENDING AMED STAFF					
I		in 1 le terre	·-CC·	A.D PHYS. ME	RECTOR PHYS	Rexu. T.	6.1951
2		22c PHYSICIAN'S NAME (Type)		22d. ADDRESS	,	4 - 1 -	
		R.J. Donova	n M.D.	732 Char	ing Cross Ro	i. (29)	
	23a	BURIAL CREMATION, 236 DATE THEREOF	23c, NAME OF CEMETERY OF	CREMAJORY	23d LOCATION (City, town, o	r county)	(Stote)
		Burial 8/8/4	Trundoher	bunder	anna Bres	welle	nell.
	24,	JUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'I	BY REGISTRAR 256, REGIS	TRAR'S SIGNATUR	RE
	//	m/1510 tax 1200	tula hour So to	U. DATE A	ug 8 '61 a	Almy S. The	and Am

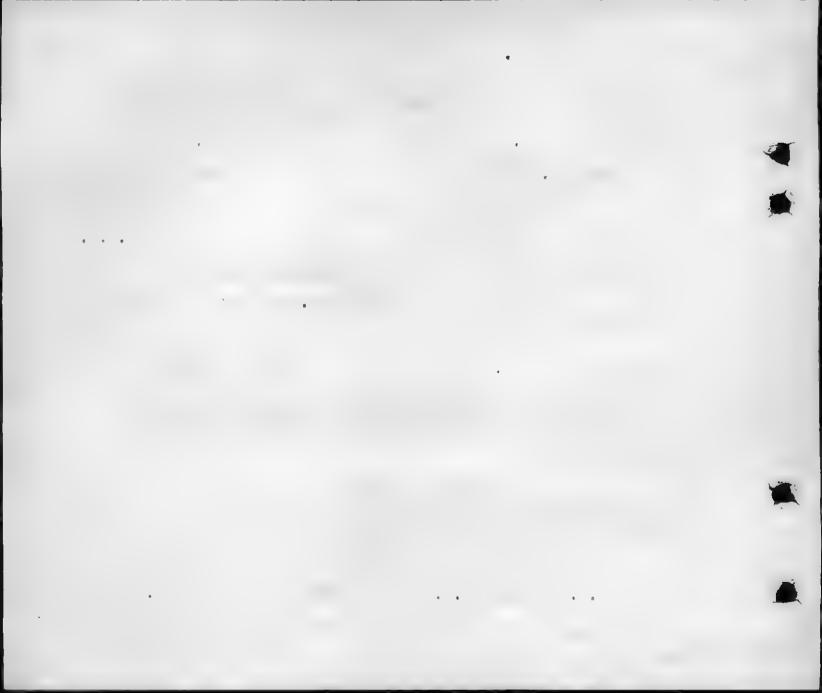
y filled may be need by the haspite. Fattending physician.

Securificate has been signed by the attending physician and compressly file page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health priar to burial, arematian, ar removal, and in any event, within 72 haurs after death. SICIAN: The law requires that the death certificate be executed TO HOSP OR ATTENDING F may be need by the haspite TO FUNE AT DIRECTOR: After far

VR A1S (4) 1SM 9/S9

oby the funeral director, and 2 shauld be filed with

Vrs after death. Page 4



Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY STATE b. COUNTY Maryland Baltimore MARYLAND Baltimore b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Baltimore 21 (Essex) (Essex) 21 Baltimore dir d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State 581 Edgewater Apartments Edgewater Apartments YES NO K Middle 4. DATE Year DECERSED OF the (Type or print) DEATH 19 61 NORWOOD UNDERWOOD Aug. 2, and 5 to 6 5 may be and 2 with 1 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B.RTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Doys 2, 1926 Male White WIDOWED [DIVORCED 10a. USLAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Steal PM3. Pa Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Sykes John L. Underwood 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiva werordelasolservice) Ellen Underwood Same 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN " in memcil in It Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Acute alcohol and paraldehyde intoxication IMMEDIATE CAUSE (a). ig the word "pending" in per of Medical Examiner's Office a 3 should be used as a burial-tr trial, cremation, or removal, a DUE TO certificate should Conditions, if eny, which {b} gove rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION **PERFORMED?** NO a 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of Jam 18.) PRIMARY | or CONTRIBUTING | Incate, writing the to the Chief W. IOR: Page 3 sh, prior to burial, CAUSE OF DEATH. Ingested paraldehyde in addition to alcohol. 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City, or town) tectory, street, office bldg., etc.) 521 Edgewater 20c. TIME OF INJURY (County) (State) Apts. 8/24 1961 Baltimore 21 al work Home Md. unknown et work 10 Balto. 21. I certify that I took charge of the remains described above, held an Autopsy | χ | Inspection Inquiry and in my opinion forwarded i L DIRECT eled agent, certif death resulted from-Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER execute the designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 8-24-61 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county) DE il. 220. BURIAL, CREMATION, 226, DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) REMOVAL (Specify) Q40 P Burial Meadow Ridge Memorial Pk. A. County Maryland 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | V5. A15ME Civiling S. Flowers James E. Bruzdzinski 1407 Eastern Ave. AUG 2 8 '61 5M 9/60

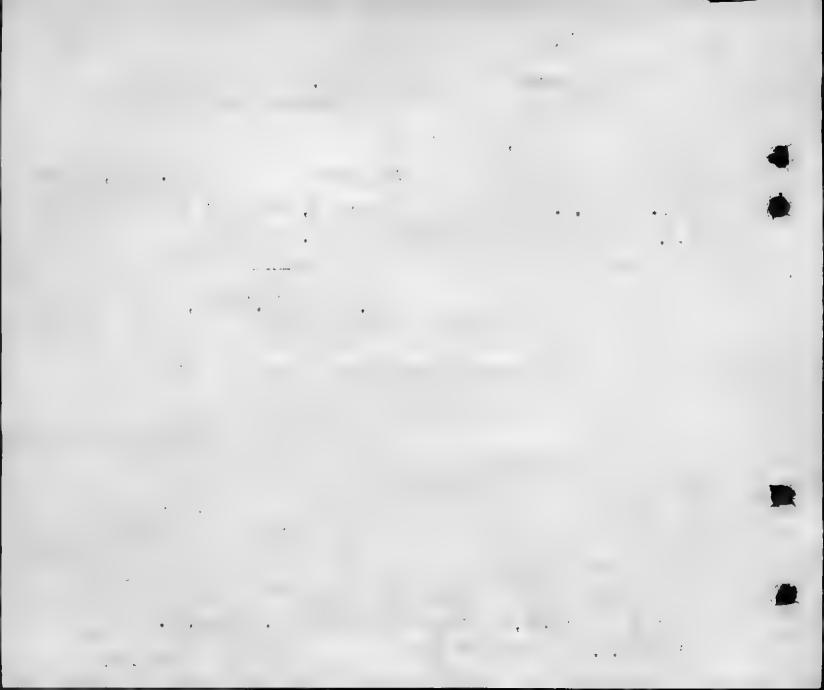
YLAND STATE DEPARTMENT OF HEALTH

Film 295



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8934 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Md . the 44 MARYLAND and b. CITY OR TOWN (if outside corporete im to c. LENGTH OF STAY IN 16 E. CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4427 Allen Drive House In The Pines. 16 Fusting Ave YES NO A 3. NAME OF 4. DATE DECEASED OF (Type or print) V.alentine 18. Jaanatta DEATH 19 61 AUR. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Deys April 2.1885 WIDOWED # DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gr country) I 12. CITIZEN OF WHAT COUNTRY? Š done during most of working life, even if refired) Home UWM NG USA 듄 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affendin■ John Peel Anna --pue 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 1934 W.Pruitt. Old Frederi Mrs Lawrence 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) (INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 1 wie IMMEDIATE CAUSE (e) ein Cardio-Varentas Disease DUF TO geve rise to immediate cause **DUE TO** (a), stating the underlying couse lest. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 250 NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pent I or Pent it of Item 18.) 20c. TIME OF INJURY Month, Day, Yeer _ 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (Stata) factory, street, office bldg., etc.) While _Not While Hour a.m. at work 1961 to 8-18- 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 8-15. 19 42, and that death occured accounting from the causes and on the date stated above saw the deceased alive on. 22a SIGNATURE 22b. DATE S GNED DIRECTOR M.D. 22c. PHYSICIAN S 22d. ADDRESS 23d. LOCATION (City, town or county) 23a. BUR.AL, CREMATION, 23b DATE THEREOF (State) REMOVAL (Specify) 0.48 Moreland Memorial Pk. Balto.Md. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) Witzke F.D. 4101 Edmondson Ave DATAUG 2 1 '61 15M 9/60 Orling & Know

IMPAIT OF HEALTH



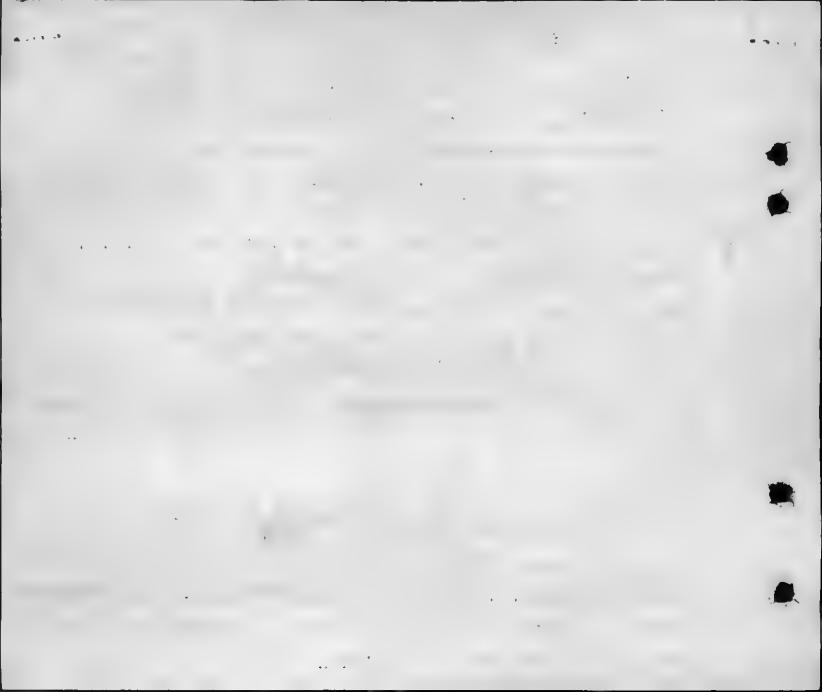
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY Mary land Raltimore MARYLAND b. CITY OR TOWN (f outs'de corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town! Fort Howard 2 Davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital 3. NAME OF DECEASED (Type or print) GEORGE VARTPATTS 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED Male White WIDOWED DIVORCED November 9 10e. LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Painter Construction 13. FATHER'S NAME please ding Estratius J. Varipatis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) i (If yes give war or detes of service) 213-07=3066 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA, RIGHT BRONCHUS WITH IMMEDIATE CAUSE (e) XOXIAXO METASTASTS TO LEFT LOWER LOBE Conditions, if any, which SEVERE CHRONTC NEPHROSCLEROSTS рееп geve rise to immediate cause XXXXX (e), stating the underlying MYOCARDIAL HYPERTROPHY PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(0) hospital certificate 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCR.8E HOW IN URY OCCURED, (Enter neture of 'nyury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. IC'ty or town) Month, Dev. Yeer Not While Hour e.m. al work at work 21. I certify that (IK(this hospital) attended the deceased from . August ... 27 1561 saw the deceased alive on 220. SIGNATURE ATTENDING. PHYS. FUNERAL 22d. ADDRESS SEBASTIAN RUSSO, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) हैं है Greek Orthodox Cemetery 0 Burial **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE

Matthews Funeral Home

VR A15 (4)

1SM 9/60

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 24 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? South Macon Street YES NO X DATE OF DEATH 19 61 August AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months House 12. CITIZEN OF WHAT COUNTRY? Weirton W. Virginia U. S. A. 14. MOTHER'S MAIDEN NAME Trene De Foni Clinical Records, VAH, Baltimore 18, Maryland HOWARD DIVISION INTERVAL BETWEEN ONSET AND DEATH UNKNWON UNKNOWN UNKKOWN WAS AUTOPSY PERFORMED? YES NO . (County) (Stete) factory, street, office bldg., etc.) , to August 29 , 19.61, that (M (we) last August 29 19.61 and that death occured at pt. M, from the causes and on the date stated above. 22b. DATE SIGNED 30/61 DIRECTOR PHYS. VAH, BALTIMORE 18, MD., FORT HOWARD DIVISION 1 23d. LOCATION (City, fown or county) Baltimore County, Maryland 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 3021 Eastern Ave. DATE SEP 5 Cotton & Kines



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1592)

08928

1/1	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission)					
~	Baltimore MARYLAND	Md. Baltimore					
	b. CITY OR TOWN (if outside corporete limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)					
	write RURAL end give neerest town) Rogers Forge	Rogers Forge					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	d. STREET ADDRESS					
1	609 Murdock Road, Zone 12	609 Murdock Rd.					
	3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer					
	(Type or print) JOHN H. VOLZ	DEATH August 2 19 61					
		DATE OF BRTH 19. AGE (In yeers IF UNDER 1 YEAR, IF UNDER 24 HRS.					
	male white wipower to DIVORCED TO	10/18/1881 lest birthdey) Months Deys Hours Min.					
	100. USUAL OCCUPATION IG Ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE Country & Stets, or foreign country 12, CITIZEN OF WHAT COUNTRY?						
Я	Maintenance Martin Co.	Baltimore, Md. U.S.A.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Joseph A. Volz	Sophia Hodes					
	TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address					
	(Yes, no, or unkown), (Ifyesgive werordetesofrervice)	ophia Volz, daughter, above					
	18. CAUSE OF DEATH [Enter only one cause per tine for (e), (b, and (c).]	ophila volla, dadgiroci, above					
		Arterios detotic Cardio- ONSET AND DEATH					
	11 10 0 0 0						
		713 (43 (
	gave rise to immediate ceuse	W Nadio = 2017					
	(a), stating the underlying DUE TO						
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,611 19. WAS AUTOPSY					
	Pilly are France	PERFORMED?					
	YES NO DE 200 ACC DENT WAS UNDERLYING 1. 200. DESCRIBE HOW INJURY OCCURED, LENTER OF INJURY OF PORT I OF PORT II OF PORT						
	PART IN OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Pic / Won of Fundy 206 ACC DENT WAS UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHIEF NOTIFY MEDICAL EXAMINER)						
		CE OF INJURY (Home, farm, , 2Df. (City or town) (County) (Stete)					
	Hour s.m. While Not While fact	ory, street, office bldg., etc.)					
		Alexander Acres modern (No. 1911)					
	21. 1 certify that (I) (this hospital) attended the deceased from	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		death occured at la. 27 M, from the causes and on the date stated above.					
î l	220, SIGNATURE HARAL 9	ATTENDING MED. STAFF					
	27c PHYSICIAN'S 1	22d. ADDRESS					
	(MM (Type) H Dannet It	6011 YORK Rd. Balto. 12, Md.					
	23a. BURIAL, GREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY , 23d. LOCATION (City, town or county) (State)					
1	britowal (family)	emetery Baltimore, Md.					
4		25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
13	Charles E. Schimunek Funeral Home	4UG A '61					
	3331 Brenms Lane	DATE LULLAN & France					

TO HO TAL OR ALTENTY OF PHYSICIAN: The law requires that the death certificate by executed within 24 hours after a death care and may be refer by the hospital or attending physician.

S TO FUNERAL DIRECTOR A strike certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please repower carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, generation, or removal, and in ghy event, within 72 hours after death.

du evenit



AARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYA CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) 썖 e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give neerest town) TONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? LISMORE 13 LISMORE 3. NAME OF DECEASED PARKER DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years IF UNDER 1 YEAR) Months | Devs DIVORCED [WIDOWED [108. USUAL OCCUPATION (G ve kind of work | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) CALIFORNIA ENGINEER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MILTON P. JOSE PHINE 16 SOCIAL SECURITY NO 17, INFORMANT (Yes, no, og unkown) (Hyesgivewarordelesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. AMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO TA 20e. ACCIDENT WAS UNDERLYING T 2Db, DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert I or Part II of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 2Df. (Cily or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour am at work | et work 12 4 1961, that (I) (we) last 21. | certify that (1) (this hospital) attended the deceased from. .24... 19.51., and that death occured at.0.1.M, from the causes and on the date stated above saw the deceased alive on. 22e. SIGNATURE DIRECTOR PHYS. 22c. PHYCICIAN'S 22d, ADDRESS NAME (Type) 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b DATE THEREOF (Stale)

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

TO HOST ALL OR ATTER ALL OR ATTER WAY TO FUNERAL DIRECTOR OF 6 of director, page 3 should be 150 be filed with the State Dep

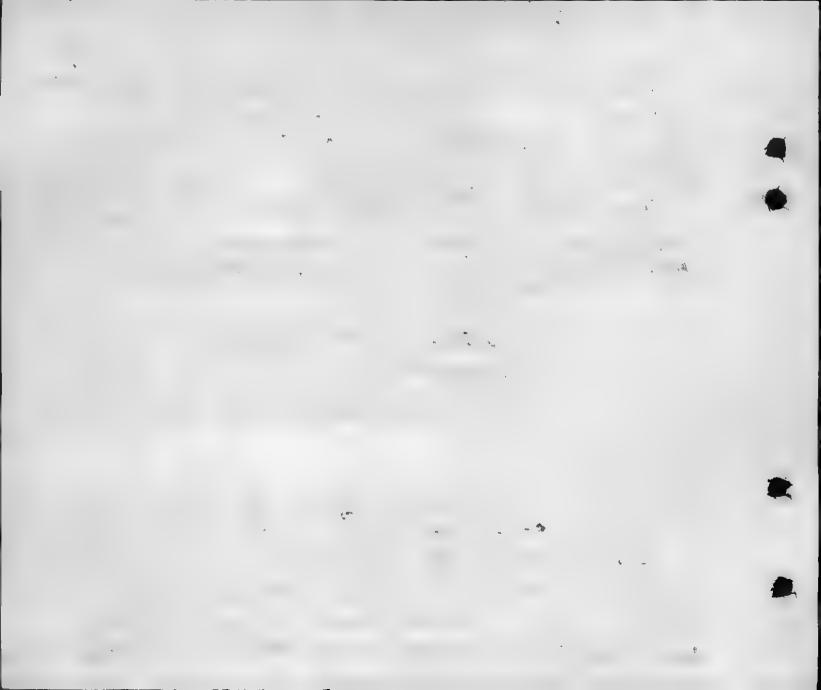
24 FUNERAL DIRECTÓR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** . PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY 6. COUNTY by the tand 2 sideath. Baltimore Maryland MARYLAND Frederick b. CITY OR TOWN (if outside corporeta l'mits. c CITY OR TOWN (if outside corporete I mils, write RURAL and give nearest lown) c. LENGTH OF STAY N 16 in by write RURAL end give neerest town) Catonsville 25vr7mth6dvs Woodsboro, harvland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address a. IS RESIDENCE d. STREET ADDRESS ON A FARM? GROVE YES NO NAME OF M ddle Dey Yeer 4. DATE Month DECEASED OF Charles (Type or print) Weinbrenner DEATH 19 6 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years last birthday) Hours Months Devs male WIDOWED T3 physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) plumbe ${f r}$ Maryland 13. FATHER'S NAME 14. MOTHER S MA DEN NAME aftending pl unknown and Thomas Jefferson Weinbrenner 15. WAS DECEASED EVER IN J.S. ARMED FORCES? , 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) | (If yes give were released service) unknown Records: unknown SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH [Enter on y one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrovascular thrombosis L week IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which Cerebral and Generalized arteriosclerosis years gava rise to Immadieta causa DUF TO (a), stelling the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY certificate PERFORMED? 935 Q YES FA NO [prior 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury an Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Dev. Year 20d. NJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work t may be retain.
DIRECTOR:
3 should be det Dec. 25, 19 35 to Aug. 7, 161 ..., that (1) (we) last 21. I certify that Of (this hospital) attended the deceased from saw the deceased alive on.....Aug. 22b, DATE 22a. SIGNATURE ATTENDING S GNED DRECTOR PHYS. PHYS. FUNERAL I 22d ADDRESS CIR 22c PHYSICIAN'S NAME (Type) Stella Wachsler, r. D. Catons ville 28. Maryland filed EOCATION (City, lower or county) (Stele) NAME OF CEMETERY OR CREMINTORY 23a. BURIAL, CREMATION, | 23b. DATE REMOVAL (Specify) ဗီဝ LU (250 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH H AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Rasidance before admission) a. COUNTY b. COUNTY ALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ARKTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE CARMEL + EUNA 1 ON A FARM? ARMELY EUNA ROS YES NO Middle DECEASED HUGUST (Type or print) LORENCE IANT DEATH 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) WIDOWED F DIVORCED | 1Da. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) HOUSE WIFE 13. FATHER'S NAME guipu ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Address (Yes, no, or unkown) (If yes give war or detay of service) exteris - Schrotic Cardio Usarla descir 18. CAUSE OF DEATH [Enter only one cause per are for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, white (b) gava rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY PERFORMED? NO I 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert I of 'tam 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or fown) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED (County) (State) Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from.. \$13... \$ OHIGH 22b. DATE 22a SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNI 23a, BURIAL, CREMATION, 23b, DATE THEREOF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur I Trave 15M 9/60





CERTIFICATE OF DEATH Reg. Dist. No. directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore filed b. COUNTY MARYLAND Maryland Baltimore funeral b. CITY OR TOWN (If outside cargorate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluous Dundalk vears Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? . 0 Dunmanway Extended Dunmanway Extended YES 🔲 NO 🔀 NAME OF 4. DATE First Middle Month Day Yeor DECEASED OF DEATH (Type or print) WILBURN. Jr PERRY ALBERT 1961 August 3 22 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours Min. male white WIDOWED | DIVORCED [7] March a YES. 10a. USUAL OCCUPATION (Give kind af work dane during mast of working life, even if retired)

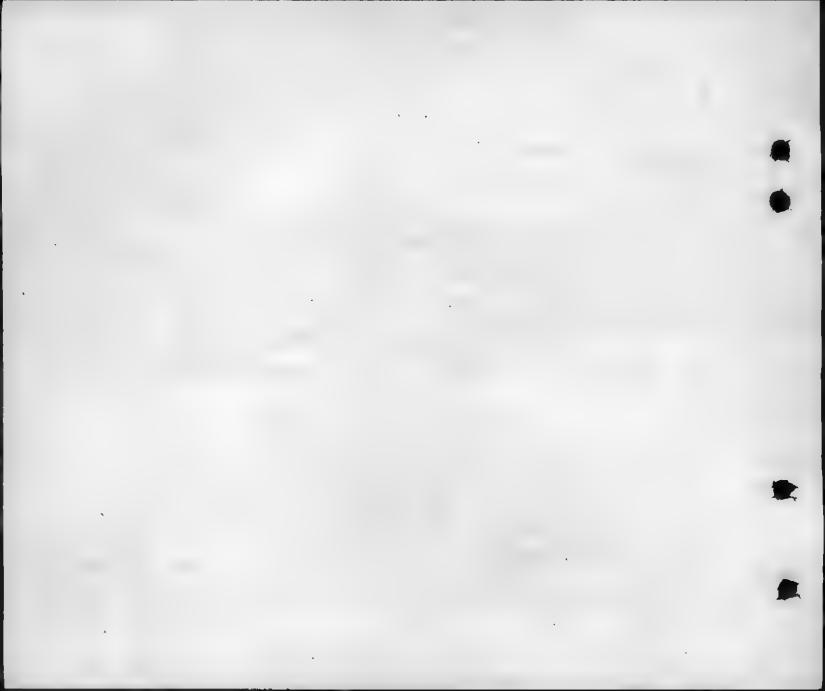
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12 CITIZEN OF WHAT COUNTRY? Student Maryland corban USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Perry A.Wilburn.Sr Ida Oehring 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address -218PP .Wilburn.Sr. no same as 18. CAUSE OF DEATH [Enter only one cause per line fgs. (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) o. n. Not white ot work at work p. m. 21. I certify that I attended the deceased from 19 6/, that I last saw the deceased alive on and that death occurred at 1/2 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should NAME (Type FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOYAL (Specify) Burial BelAir Memorial BelAir.Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Walter Brooks Bradley, Inc., Dundalk 22, Md VS A15 (4) DATE AUG 7 1 1 9/55

O

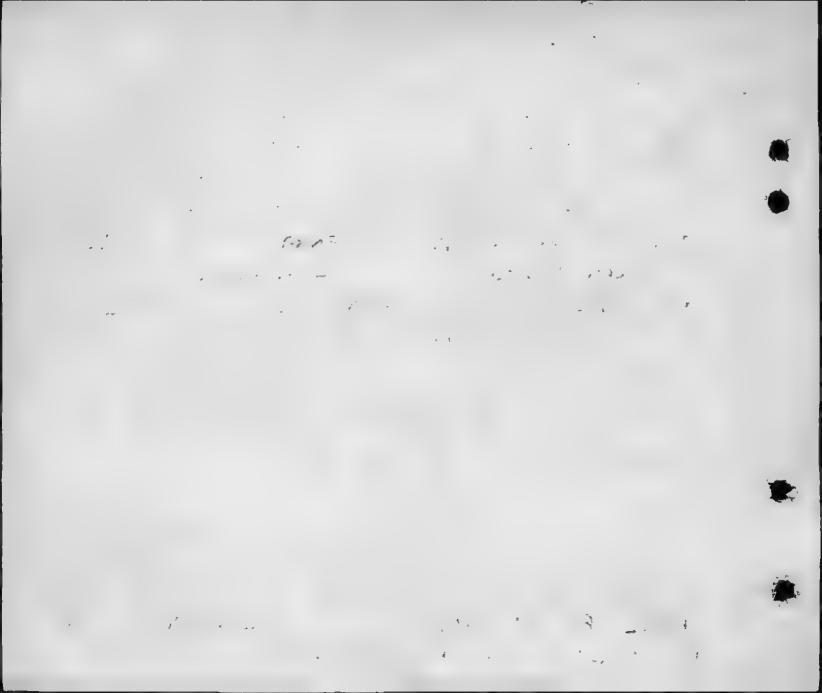
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, illed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission filed a COUNTY o. STATE **b. COUNTY** Baltimore MARYLAND Paltimore Maryland b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) 틷 Catonsville Catonsville Vrs d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 127 Longview Drive YES TO NO K 127 Longview Drive NAME OF Middle 4. DATE Lost Month Year DECEASED DEATH (Type or print) Robert Henry Willingham 19 63 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF JNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months | Days Male WIDOWED I White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bridge carpenter Balto. Transit Co and West Vitginia U.S. 33. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician William Willingham Mary Owings OVE WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. Address Catonsville. Md. 17 INFORMANT Б 213-10-3043 Mrs. Maggie ingham 127 Longview Drive 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying cause last. (c) PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES 📑 NO 🔼 20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e, PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f (City or town) Year (County) (State) factory, streat, office bldg., etc.) Hour o. m. While Not while of work of work 21 I certify that (1) (this hospital) attended the deceased fram..... sow the deceased alive on account 1/619 61, and that death occurred at 12. M, from the couses and on the date stated above. 22a SIGNATURE 22b DATE SIGNED ATTENDING M.D 22c PHYSIG Т NELSON MCKA TO FUNE 230 BUR AL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) REMOVAL (Specify) Ellicott City, Md Good Shepherd 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Functal Home Catonsville, Md DATE AUG 2 2 '61 VR A15 (4) Chillen & thouse 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH RECORDS. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaesed lived, if institution, Residence before edge ssion) A. COLNTY BALTIMORE is necessary, director. Page **b** COUNTY e. STATE MARYLAND ay is necess ral director. F b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete | mits, write RURAL and give neerast town) write RURAL and give nearest town) RURAL- COCKEYSVILLE ZMORE d NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) for d STREET ADDRESS Boar e. IS RESIDENCE ON A FARM? ELPRESSINA Stale YES NO 1 NAME OF Middla DATE to the DECEASED the (Type or print) ILMER DEATH 196 with 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED may 1, 2, at. 3 and 2 wit 72 hours a last b rthday) Months Days Hours Min. g" in pencil in Item 18. Give Pages 1, 2, and 5 Office along with form PM3. Page 5 man aburial-transit permit. Ell. WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (11 B.RTHPLACE (Stelle or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if relired) within 7 CLAIMS ADJUSTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no or unkown) (If yas give war or delas of servica) ABOUE ES any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN C ONSET AND DEATH PART I DEATH WAS CAUSED BY, MYOCARDIAL INFARCTI and IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava rise to immediate cause "pending" 603 DUE TO (e), slating the underlying Examiner 26 ե causa last. used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2 the word NO Medical pluods 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief A He Chie 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stela) fectory, streat, office bldg., etc.) While Not While at work at work prior p.m. execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Streat, city, town, or county) 22m. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) DE SEMOVAL (Specify) 0 <u>9</u>40 5 24a REC'D BY REGISTRAR I 24b. REG STRAR'S SIGNATURE VS. A15ME 5M 7/59 J. J. L. Trease



CERTIFICATE OF DEATH Reg. Dist. No. director, filed with ofter death. Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY MARYLAND funeral uld be fi b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town) RURAL and give nearest lawn) P ヒ・シレノレーと d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z NAME OF First Middle Lost DATE Day Year DECEASED OF (Type or print) DEATH 1961 5. SEX 6 COLOR OR RACE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T B. DATE OF BIRTH last birthday] Months Days Hours WIDOWED T DIVORCED | - yes comp 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) ă oug 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line, (or (o), (b), and (c) INTERVAL BETWEEN ONISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY DERFORMED? YES 🗍 NO 🌠 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJUIN OCCURRED. (Enter Impure of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20d INJURY OCCURRED Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) a. m. While Nat while p. m. at work 🔲 at work 21. I certify that I attended the deceased from 35. 1961, that I last saw the deceased and that death accurred att ! 24 AM, from the causes and on the date stated above. ADDRESS (Street, city or toyin, state) DATE SIGNED **ACTUAL** SIGNATURI prior should PHYSICIAN'S NAME (Type) ന 220. BURIAL CREMATION. | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 9 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8946 CERTIFICATE OF DEATH
directar, iled with	KA KA	1. PLACE OF DEATH O. COUNTY Battmark MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Battmark Maryland D. STATE Maryland D. COUNTY Battmark
the funeral directar, shauld be filed with	UNIV.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest down) RURAL and give nearest down) RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) RURAL and and give nearest town)
in by and 2	X	OR INSTITUTION 1235 PRIMITOSE AUD. 11235 PRIMITOSE AUD. VES NO S
Pages 1		DECEASED (Type or print) ANNA BARA ZARAS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX WIDOWED DIVORCED AUG. 30 1887 9. AGE (In years lef Under 1 YEAR IF UNDER 24 HR lost birthday) 19. AGE (In years lost birthday)
and camples	death	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (I. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) HOUSEWIFE 12. CITIZEN OF WHAT COUNTRY CZECKO Slave Kie VSA.
physician mave car	T years	13. FATHER'S NAME Auton Cernology 14. MOTHER'S MAIDEN NAME Rosalie Unknown 15. Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Aug R. West 1235 Parakese Live. Bultonical Aug R. West 1235 Parakese Live. Bultonical
the attending	within 7	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) USET AND DEATH
signed by t permit.	ond in any eve	Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse last. DUE TO (b) Urthubsolerative—Immediate (c) DUE TO (c)
ending physicial ficate has been the burial-transi	remayal, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTIN
use as	ematian, a	County C
by the haspi TOR: After detached fo	or to burial, or	21. I certify that I attended the deceased fram. Upul., 1961, talling, 186, 1964, that I last saw the decease alive an 186, 1964, and that death accurred at 10120 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE SIGNATURE
·	Registrar pri	PHYSICIAN'S NAME (Type) John G. Orth, M.D. 8019 Philadelphia Rd. 220. SURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or county) (Stole)
TO FUNERAL page 3 shou	D .	220. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
A1S (4) M 9/58		Philip E. Crack 1211 Chrosco Aux. Balto-6. hol. DATENG 21 '61 arthur & Krone

AND THE RESERVED TO SERVED THE PARTY OF THE The property of the property of the same o AND THE PROPERTY OF THE PARTY O the section of the following the section of the section of

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY STATE MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 write RURAL and give nearest town? 17 Davs Raltimore Fort Howard d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital Bridge Drive 7819 3. NAME OF DATE DECEASED OF DEATH (Type or print) PAUL E. ZELLER 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED carbon 8. DATE OF BIRTH anne Male White WIDOWED F DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician TOB- KIND OF BUSINESS OR INDUSTRY

Ordinance Dept

2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO T Month Yeer 19 August AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) U. S. A. Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Emily Scheckels INFORMANT Clinical Records, VAH, Baltimore 18, Maryland Fort Howard Division BETWEEN ONSET AND DEATH DAYS URENTA DUE TO ACUTE NEPHRITTS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) 201961, to August 30 , 161, that N (we) last SIGNED ATTENDING DIRECTOR PHYS. 30/61 PHYS. 22d. ADDRESS

Hour a.m. 21. I certify that X (this hospital) attended the deceased from August

20c. TIME OF INJURY

CERTIFICATION

RUSSO, M.D. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF

200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

dona during most of working life, even if retired) Munitions Inspector

George J. Zeller

geve rise to immediate cause

(a), stelling the underlying

(Yes, no, or unkown) | (If yes give wer or detes of sarvice)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (+)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.

18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).;

DUE TO

DUE TO

Month, Dey, Yeer

13. FATHER'S NAME

23c NAME OF CEMETERY OR CREMATORY

VAH BALTIMORE 18, MD. FT. HOWARD DIVISION 23d. LOCATION (City, town or county) (Slete)

Burial 24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Cedar Hill Cemetery

DASEP

Anne Arundel County, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

James L. McCully, 237 Patensco Ave., Belto.Md.

While

20d. INJURY OCCURRED

el work el work

Not While

ADDRESS

arthur S. Kraus

多量 0 VR A15 (4) 15M 9/60

DIRECTOR: FUNERAL ector, filed

please

burial-transit

8 0

USB

aften

JUNE I

STORY OF THE REAL PROPERTY.

672007 6560

nectical di Malian

THE COSETY TATTERED

grad you

3103.8.0

artil applica will

Han, Jimes Dispension Ordinance Dept. Lauth ungd ung finn

Difficed Dequirle, W.B. Deliberation to Bergland Helelyll Sylvel Just

A STATE OF THE STA

Du controlle

BOTALTO GENERAL SECTION OF THE PROPERTY OF THE PERSON OF T

Coner Till Ungeberg

Time Artisher Coopers | Marry and

James L. Liebnilly, 25; Jerrywes Lyn., artistellal.